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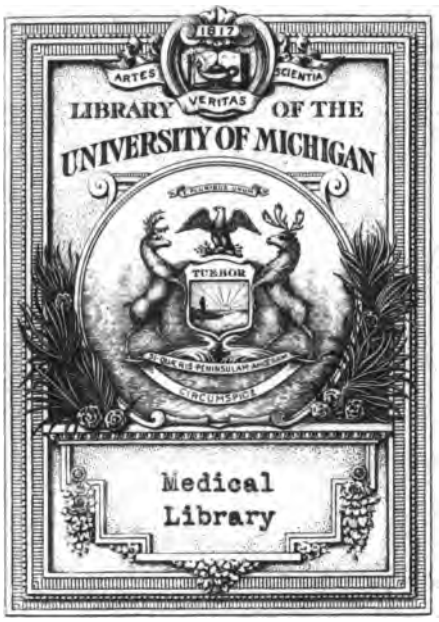

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TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF

NEW JERSEY.

1867.

NEWARK, N. J.:
PRINTED AT THE EVENING COURIER OFFICE, 309 BROAD ST.
1867.

OFFICERS, 1867.

President.

JNO. C. JOHNSON.....BLAIRSTOWN.

Vice Presidents.

1ST. THOS. J. CORSON.....TRENTON.

2D. WM. PIERSON.....ORANGE.

3D. THOS. F. CULLEN.....CAMDEN

Corresponding Secretary.

CHAS. HODGE, JR.....TRENTON.

Recording Secretary.

WM. PIERSON, JR.....ORANGE.

Treasurer.

H. R. BALDWIN.....NEW BRUNSWICK.

Standing Committee.

STEPHEN WICKES, Permanent Chairman.....ORANGE.

CHARLES HASBROUCK.....HACKENSACK.

F. GAUNTT.....BURLINGTON.

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TRANSACTIONS

OF THE

Medical Society of New Jersey.

THE One Hundred and First Annual Convention of the Medical Society of New Jersey was held at Newark, on Tuesday, May 28th, in Council Hall, at 8 o'clock P. M.

Dr. B. R. Bateman, President, in the Chair, supported by Vice Presidents Drs. Johnson and Corson.

Dr. R. M. Bateman was appointed on the Committee of Organization, which Committee reported by the Recording Secretary the following as duly accredited Delegates:

Burlington District Society—John W. Webb, A. E. Budd, Alex. Elwell, Ellis P. Townsend. Members, 20.

Camden District—Thomas F. Cullen, Alex. Marcy, H. G. Taylor, John W. Snowden. Members, 15.

Cumberland District—S. G. Cattell, Thos. H. Tomlinson, R. M. Bateman, William Elmer, Jr. Members, 17.

Essex District—E. D. G. Smith, Stickney, Wm. Taylor, H. H. Tichenor, Arthur Ward, John F. Ward, Robert Westcott. Members, 48.

Gloucester District—Wm. K. Turner, C. F. Clark, S. T. Miller. Members, 10.

Hudson District—J. E. Culver, J. W. Hunt, S. R. Forman, R. F. Chabert, M. A. Miller. Members, 27.

Hunterdon District—John F. Schenck. Members, 10.

Middlesex District—Charles Dunham, Jr., C. McK. Smith, A. Treganowan. Members, 19.

Mercer District—Jos. L. Bodine, C. Shepard, Dr. Warman, W. W. L. Phillips. Members, 19.

Monmouth District—A. B. Dayton, H. G. Cook, John Cook, T. J. Thomason. Members, 19.

Passaic District—A. W. Rogers, J. Quin, Orson Barnes, R. A. Terhune, C. S. Van Riper. Members, 20.

Somerset District—S. K. Martin, John C. Sutphen, Jas. G. Maynard, H. G. Waggoner. Members, 20.

Warren District—Lewis C. Cook, Samuel S. Kennedy. Members, 12.

Sussex District—Jona. Havens, Charles R. Nelden, Charles V. Moore, P. W. Jacobus. Members, 19.

The Secretary also reported the following

OFFICERS.

President—B. R. Bateman.
First Vice President—John C. Johnson.
Second Vice President—T. J. Corson.
Third Vice President—William Pierson.
Corresponding Secretary—Charles Hodge, Jr.
Recording Secretary—William Pierson, Jr.
Treasurer—H. R. Baldwin.
Standing Committee—Drs. S. Wickes and Chas. Hasbrouck.

Fellows present or were present some time during the session—John W. Craig, B. H. Stratton, Z. Read, R. S. Smith, S. H. Pennington, S. Lilly, A. B. Dayton, R. M. Cooper, T. Ryerson, J. P. Coleman, J. R. Sickler, J. Blane, J. Woolverton, T. R. Varick, E. M. Hunt, A. Coles.

Delegates from Corresponding Societies present:
Massachusetts—Dr. Edward Jarvis.

Medical Society of the State of New York—Drs. W. Govan, J. F. Jenkins, R. A. Varick.

Connecticut Medical Society—Prof. C. A. Lindsley, J. H. Beecher.

Who, on motion of Dr. Wickes, were invited to sit as Corresponding Members.

The minutes of the last annual meeting were read and approved.

On motion of Dr. Pennington, the following gentlemen were invited to sit with the Association during its present sessions:

His Honor the Governor of New Jersey, Prof. Atwater, Dr. Hunt of the Daily Advertiser, Dr. R. J. Hammond of Rhode Island, Drs. Warren, Sell, Atkinson, Bates, Garrish of New York, Dr. S. W. Butler of Pennsylvania.

The President then read the Annual Address, the subject of which was *Cholera.*

On motion of Dr. Ryerson, a vote of thanks was extended to the President for his able and interesting address, with the request that he furnish the Standing Committee with a copy for publication.

The President announced the following Committees:

Committee on the Treasurer's Accounts—Drs. Stratton, Hodge, Forman.

Committee on Unfinished Business—Drs. R. M. Cooper, Culver, C. F. Clark.

Committee on Nominating Officers for the Ensuing Year—Alex. Marcy, Camden; C. McK. Smith, Middlesex; Arthur Ward, Essex; John W. Webb, Burlington; S. G. Cattell, Cumberland; W. H. Turner, Gloucester; J. E. Culver, Hudson; John F. Schenck, Hunterdon; Jos. L. Bodine, Mercer; H. G. Cook, Monmouth; A. W. Rogers, Passaic; S. K. Martin, Somerset; L. C. Cook, Warren; Jona. Havens, Sussex.

A communication was received from Dr. Pierson, Third Vice President, asking to be excused from reading an essay, having

been prevented from preparing one by a severe injury which he had recently received.

By vote of the Society he was excused.

The order of business being suspended, acting Mayor Baker was presented, who, on behalf of the City Government, made a brief address of welcome to the Society, and tendered to the members the hospitalities of the city.

The President replied, with thanks to the City of Newark for the courteous manner in which the Society was received, and for the accommodations freely extended to it.

On motion, the Association adjourned, to meet to-morrow at 9½ o'clock.

Wednesday morning. The Society convened pursuant to adjournment, the President in the Chair.

Prayer was offered by the Rev. Dr. Stearns.

On motion of Dr. R. M. Cooper, it was

Resolved, That the resident Physicians of Newark, and others who may be in town, be invited to be present during the sessions of the Society, as corresponding members; also, the Rev. Dr. Stearns.

The report of the Standing Committee was read by the Chairman, Dr. S. Wickes, which report was accepted, and referred to the Committee for publication, and the bills ordered to be paid. The Committee also presented a petition for the formation of a Medical Society in Atlantic county, together with the proceedings of the Physicians at their first meeting, with a recommendation that they be referred to a Special Committee, which was adopted. The following was announced as the Committee: Drs. R. M. Cooper, S. Pennington, S. Lilly. The Committee subsequently reported that they had examined the papers, and found the proceedings had been regular, with the exception of two names of irregular Physicians on the application, and

they recommended that these names be erased, and that a commission be granted. The report was accepted and adopted.

Dr. E. M. Hunt, in behalf of the Committee appointed at the last meeting of the Society to present the sanitary and hygienic interests of the State to Executive and Legislative consideration, made a report, appended to which were the following preamble and resolutions:

Whereas, we regard the public health as a matter of vital importance, needing the power of legal enactment as well as the efforts of medical men, therefore,

Resolved, That we hereby express our interest in the attention given to the subject by his Excellency Governor Ward, in his Annual Message to the last Legislature of the State, and herewith utter our conviction that there is much need of such legislation as shall secure in city and country a more general regard to well understood sanitary principles and practices.

Resolved, That the Committee on the subject be continued, and be requested on our behalf as citizens, no less than as Physicians, in such method as they regard best, to commend the subject to Executive and Legislative consideration.

The report was accepted and the resolutions adopted.

On motion, Dr. Hunt was requested to read a paper on Public Health and the importance of Sanitary Laws, before the Association to-day at 12½ o'clock.

The Committee to obtain the "Record of the Medical gentlemen of this State who have served in the Army and Navy of the country," made a report, which was accepted and referred to the Standing Committee.

The Corresponding Secretary made the usual annual report, which was accepted. His bill for postal expenses ($7.45) was ordered to be paid.

The Treasurer submitted the following report:

RECEIPTS.

Amount from late Treasurer	$374 00
Essex District Medical Society assessment	86 00
Middlesex " " "	20 00
Passaic " " "	44 50
Warren " " "	20 00
Amount for dinner tickets (Centenary)	291 00
	$835 50

EXPENDITURES.

Bill of Corresponding Secretary	$3 10
" of Standing Committee	297 40
" for dinner	463 00
" of Recording Secretary	6 00
" of Treasurer	12 50
" of Newark Daily Advertiser	51 50
" of Janitor for room	2 00
	$835 50

The Committee on Treasurer's Accounts reported that they had examined his vouchers and compared them with his accounts, and found the same to be correct.

The Treasurer presented the following bills: Newark Daily Advertiser, $1.50; State Gazette, $1.00; Medical and Surgical Reporter, $6.00.

On motion of Dr. Lilly, the same were ordered to be paid, and hereafter the cost of all advertising to be agreed for prior to its being done.

The Committee on Unfinished Business reported that they had examined the records and found nothing to report.

Dr. Lilly, of the Delegation to the American Medical Association, read a report of the meetings in 1866 and 1867.

Dr. Pierson, of the Delegation to the Connecticut Medical Society, read a report of the meeting in 1867.

Dr. Cooper, also of the Delegation, read a report of the meeting in 1866.

Dr. E. M. Hunt, of the Delegation to the Medical Society of the State of New York, read a report of the meeting in 1866.

All were accepted and referred to the Standing Committee.

Dr. Treganowan, of the Delegation to the Medical Society of the State of Pennsylvania, stated that owing to a misunderstanding among the Delegates as to the time of the meeting of the Society, this Society was not represented.

Delegations from Corresponding Societies being presented, Dr. Jarvis, in behalf of the Massachusetts Delegation; Dr. Lindsley, in behalf of the Connecticut; and Dr. Govan, in behalf the New York, duly responded.

Dr. Almy, of Cincinnati, late Vice President of the American Medical Association, being present, made a brief response to his presentation.

Dr. J. V. Schenck, the regular Essayist, read a paper on Thrombosis.

On motion, the thanks of the Association were presented to Dr. Schenck for his interesting paper, and a copy requested for publication in the Transactions.

Prof. J. C. Hutchinson, of Long Island College Hospital, being present, was invited to a seat as a Corresponding Member.

On motion of Dr. Pennington, the following resolution was adopted:

Resolved, That the Standing Committee be requested to consider and report at the next annual meeting, some measures for imparting greater interest to its proceedings and making them more practically useful.

By vote of the Society, the Standing Committee were given discretionary power to publish from five hundred to one thousand copies of the Transactions.

Dr. Ryerson presented the following:

Resolved, That a Committee of five members be appointed to re-

port to the next meeting of this Society a plan for establishing at a central railroad point a State Hospital, under the auspices of this Society, and by legislative aid, having a definite pro rata number of beds free for each county of the State, when demanded by its authorities.

Resolved, That the Society establish, in connection therewith, a Medical Library and Museum of General and Pathological Anatomy.

The resolutions were adopted, and the President announced the following as the Committee: Drs. Ryerson, Varick, Pennington, Read and Dayton.

Dr. Varick presented the following:

Whereas, this Society has been forcibly reminded, by the experience of its members, that the utter incompetency of many persons who are in the habit of dispensing medicines, has led to very serious results, involving loss of life, as in the late case in Brooklyn; and whereas, in the opinion of this Society, some stringent measures should be adopted to prevent these mistakes from occurring;

Resolved, That this Society do memorialize the Legislature to enact a law requiring that all dispensers of medicines, whether they be principals or clerks, shall be either regular medical practitioners, or shall be graduates of some recognized School of Pharmacy; or in lieu of this, that all persons dispensing medicines, shall pass an examination before Committees, to be appointed by the County Medical Societies, said Committees to consist of one Physician and two Apothecaries, who shall be graduates in Pharmacy.

Resolved, That a Committee be appointed to draw up such memorial, to present it to our legislative body, and to see that it is duly attended to, and followed up with vigor.

Adopted, and the following persons appointed on the Committee: Drs. Varick, Pierson, Sr., and Hodge.

On motion of Dr. Pennington:

Resolved, That the assessment on each member of the District Societies for the ensuing year be two dollars.

Dr. Jeremiah S. English, of Monmouth County, having been previously proposed, was duly elected an honorary member of this Society.

Dr. Baldwin proposed Dr. Stephen Wickes, of Orange, for honorary membership.

The time set apart for Dr. Hunt's paper having arrived, the Doctor read a very interesting paper upon Public Health, &c.

On motion, the thanks of the Society were voted to him for his paper, and a copy requested for publication.

The Committee on Nominations made the following report, which was accepted:

For President—John C. Johnson, Blairstown.

First Vice President—Thomas J. Corson, Trenton.

Second Vice President—William Pierson, Orange.

Third Vice President—Thomas F. Cullen, Camden.

Corresponding Secretary—C. Hodge, Jr., Trenton.

Recording Secretary—William Pierson, Jr., Orange.

Treasurer—H. R. Baldwin, New Brunswick.

Standing Committee—S. Wickes, Orange; C. Hasbrouck, Hackensack; F. Gauntt, Burlington.

Delegates to American Medical Association—A. W. Woodhull, J. D. Brumley, Samuel Lilly, R. M. Cooper, J. L. Bodine, B. H. Stratton, H. G. Cook, T. J. Thomason, Jona. Havens, Wm. Elmer, Jr., George Goodell, Edward Byington, John Blane, William Pierson, Jr., L. P. Jamieson.

To the Medical Society of Connecticut—E. M. Hunt, F. Gauntt, T. R. Varick.

To the Medical Society of New York—G. Grant, C. McKnight Smith, H. R. Baldwin.

To the Medical Society of Massachusetts—R. M. Bateman, A. B. Dayton, John Woolverton.

To the Medical Society of Pennsylvania—S. G. Cattell, A. S. Budd, Henry C. Clark.

To the Medical Society of Ohio—J. B. Coleman, Robert Westcott.

The gentlemen named by the Committee for the respective offices were duly elected, Drs. Cooper and Bateman acting as tellers.

The Delegates, as named by the Committee, were also duly elected.

On motion, the Delegates were given power to appoint substitutes.

On motion of Dr. Corson,

Resolved, That the next annual meeting of this Society be held at Princeton, on the fourth Tuesday of May, at half-past 7 o'clock P. M.

On motion of Dr. Varick,

Resolved, That a memorial page be inserted in the Transactions to commemorate the death of deceased members.

Dr. A. Ruppaner, of New York, by request, addressed the Society for a half hour, upon the science of Laryngoscopy and Rhinoscopy.

On motion, the thanks of the Association were voted to the Doc tor for his very interesting and instructive lecture.

Dr. Garrish, of New York, made some remarks upon the use of Rhynchosia Excavata in Menorrhagia, also upon the use of the Calabar Bean, in cases where a contraction of the pupil is desired.

On motion of Dr. Blane,

Resolved, That in all future publications made by order of this Society, containing a list of officers of said Society, instead of the

name of Jacob Johnson, as being Third Vice President in the year 1823, the name of William Johnson be placed on said list as the said officer, the name of Jacob Johnson having been placed on said list by mistake, as by reference to the original minutes of 1823 will appear.

On motion of Dr. Ryerson,

Resolved, That the District Societies be requested to circulate petitions for the signature of all the medical men of the State, praying the Legislature to enact an efficient Sanitary law.

On motion of Dr. Baldwin,

Resolved, That this Society gratefully tender their thanks to the Common Council of the City of Newark, and to its Board of Health and to its Physicians, for their courteous treatment and elegant entertainment during this the annual meeting of 1867; also to the Committee of Arrangements for the very efficient manner in which they have provided accommodations and entertainments for the comfort of the Society.

The President announced the following Committee of Arrangements for the next annual meeting:

Drs. Wycoff, Bartine and Hodge.

Also, the following persons as Essayists:

Drs. Thomas F. Cullen, Third Vice President; H. G. Cook, of Monmouth; also, Dr. Ryerson, of Sussex, with the request that his subject shall be the "Mechanism of Labor."

The Society adjourned *sine die*.

WILLIAM PIERSON, JR.,
Recording Secretary.

REPORTS OF COMMITTEES.

The Committee appointed to obtain a record of the Medical men of the State who have served in the Army and Navy of the country during the late civil war, report that they have found it impracticable to obtain anything like a complete personal history of the Medical officers. They present herewith a complete Roster of Medical officers from New Jersey who served during the late war. The Committee suggests that after the publication of the Roster in the Transactions of the Society, and its general distribution, a special request should be made to each and all to send a personal history, which may be placed in the archives of the Society, or referred to a Committee to compile therefrom a history of the part taken in it by the Medical men of the State. From such data the Committee believe that a very interesting historical article may be prepared.

The Committee found no means of ascertaining who among our Medical men served their country in the Navy Department.

WM. W. L. PHILLIPS,
A. B. DAYTON,
S. CONOVER,
Committee.

SURGEONS NEW JERSEY VOLS.

NAMES.	REGIMENT.	DATE OF COMMISSION.		REMARKS.
Edward F. Taylor.....	1st Inf'ntry	June 25, '61.	.....	Discharged June 23, 1864.
Charles C. Gordon.....	1st "	Jan'y 1, '62..	Asst Surgeon May 27, 1861.....	Discharged Feb. 16, 1863..
Gabriel Grant..... ...	2d "	June 13, '61.	Promoted Brigade Surgeon Oct. 9, 1861,....	.....
Lewis W. Oakley.....	2d "	Jan'y 6, '62..	Asst Surgeon 2d Regt., May 27, 1861... Surgeon 4th Regt., October 12, 1861....	Discharged June 21, 1864.
Lorenzo Lewis Cope....	3d "	June 25, '61..	Asst Surgeon May 27, 1861.....	Resigned May 2, 1862.....
John V. Mattison.....	3d "	May 6, '62...	.....	Resigned Feb. 9, 1863.....
Henry C. Clark.....	3d "	Feb'y 10, '63.	Asst Surgeon 2d Regt. Oct. 12, 1861.....	Discharged June 23, 1864.
Alexander N. Dougherty	4th "	Aug. 17, '61.	Promoted Brigade Surgeon Sept. 30, 1861...	.....
Joseph D. Osborn.....	4th "	Jan'y 6, '62..	Asst Surgeon 4th Regt. Aug. 17, 1861.....	Discharged Nov. 19, 1864.
Beriah A. Watson.....	4th "	Nov. 25, '64..	Asst Surgeon March 26, 1863.....	Discharged July 9, 1865...
James C. Fisher.....	5th "	Aug. 17, '61.	Promoted Brigade Surgeon April 21, 1862..	.....
Henry F. Vanderveer...	5th "	May 6, '62...	Asst Surgeon Feb. 6, 1862.....	Discharged Sept. 7, 1864..
John Wiley.....	6th "	Aug. 17, '61.	.....	Discharged Sept. 7, 1864..
D. W. C. Hough.....	7th "	Sept. 5, '61..	.....	Discharged Oct. 7, 1864...
Charles Lehlbach.....	7th "	Oct. 11, '64..	Asst Surgeon June 4, 1863.....	Discharged July 17, 1865..
Alexander J. McKelway.	8th "	Sept. 14, '61.	.....	Resigned April 7, 1864....
Philip M. Senderling...	8th "	May 4, '64 ..	Asst Surgeon 1st Regt. Feb. 7, 1862.....	Discharged July 17, 1865..
Frederick S. Weller....	9th "	Oct. 30, '61..	Drowned at Hatteras, (Burnside Ex.) Jan. 15, 1862.....	....
Addison W. Woodhull..	9th "	Feb. 6, '62...	Asst Surgeon 5th Regt. August 23, 1861....	Discharged Feb. 7, 1865...
F. B. Gillette.....	9th "	Feb. 8, '65...	Asst Surgeon Aug. 20, 1862.....	Discharged July 12, 1865..
Otis R. Freeman.....	10th "	April 14, '62.	.....	Discharged July 1, 1865...
Edward L. Welling.....	11th "	July 19, '62..	Asst Surgeon 3d Regt. June 25, 1861.....	Discharged June 6, 1865...
Alvin Satterthwaite.....	12th "	July 19, '62..	Asst Surgeon 7th Regt. Aug. 23, 1861.....	Discharged June 4, 1865..
John J. H. Love.....	13th "	July 19, '62..	.....	Resigned Jan. 23, 1864....
J. Addison Freeman....	13th "	March 16, '64	Asst Surgeon 13th Regt. July 11, 1862; transferred as Asst Surgeon U. S. Vols, April 26, 1864; died at Nashville, Tenn., Dec. 29, 1864.....	Resigned April 26, 1864... ....
James J. B. Ribble.....	13th "	April 20, '64.	Asst Surgeon 8th Regt. Aug. 20, 1862.....	Discharged June 8, 1865..

SURGEONS NEW JERSEY VOLS.—Continued.

NAMES.	REGIMENT.	DATE OF COMMISSION.		REMARKS.
Ambrose Treganowan...	14th Inf'try	Aug. 6, '62..	.....	Resigned Dec. 10, 1863....
Joseph S. Martin.....	14th "	Dec. 31, '63..	Asst Surgeon 14th Regt. Aug. 20, 1862.....	Discharged June 18, 1865.
Redford Sharp.....	15th "	July 19, '62..	Asst Surgeon 6th Regt. Aug. 23, 1861.....	Discharged June 23, 1865.
W. W. L. Phillips.....	1st Cavalry	Aug. 16, '61.	.....	Discharged Sept. 20, 1864.
William S. Willes.....	1st "	Feb. 10, '65 .	Asst Surgeon 1st Cavalry April 4, 1864.....	Discharged July 24, 1865..
Daniel McNiel.....	21st Inf'try	Sept. 12, '62.	.....	Discharged June 19, 1863.
Jacob Quick.....	22d "	Sept. 17, '62.	.....	Resigned March 25, 1863..
William S. Janney.....	22d "	March 27, '63	Asst Surgeon 21st Regt. Sept. 12, 1862.....	Discharged June 25, 1863.
William Cook.....	23d "	Sept. 17, '62..	.....	Resigned Feb. 13, 1863....
Luther C. Bowlby.....	23d "	March 7, '63.	Asst Surgeon 4th Regt. Aug. 20, 1862.....	Discharged June 27, 1863.
William S. Newell.....	24th "	Sept. 16, '62.	.....	Discharged June 29, 1863.
James Riley.....	25th "	Oct. 4, '62...	.....	Discharged June 20, 1863.
Luther G. Thomas.....	26th "	Sept. 26, '62.	.....	Discharged June 27, 1863.
John B. Richmond.....	27th "	Oct. 9, '62...	.....	Discharged July 2, 1863...
William D. Newell.....	28th "	Sept. 15, '62.	.....	Discharged July 6, 1863...
Henry G. Cook.....	29th "	Sept. 19, '62.	.....	Discharged June 30, 1863..
Joseph W. Woolverton..	30th "	Sept. 26, '62.	Asst Surgeon 14th Regt. July 11, 1862.....	Discharged June 27, 1863.
Robert B. Browne.....	31st "	Sept. 15, '62.	.....	Discharged June 24, 1863.
Ferdinand V. Dayton...	2d Cavalry	July 12, '63..	Asst Surgeon 1st Cavalry Aug. 20, 1851.....	Discharged Oct. 24, 1865..
James Riley.....	33d Inf'try	July 13, '63..	.....	Discharged July 17, 1865..
J. B. Bowen.....	34th "	Sept. 25, '63.	.....	Resigned May 27, 1864....
Charles H. Suydam.....	34th "	June 13, '64..	Asst Surgeon 34th Regt. Sept. 25, 1863.....	Discharged April 30, 1866.
George E. Summers.....	35th "	July 21, 63..	.....	Resigned Jan. 24, 1865....
Richard G. Taylor.....	35th "	Jan. 27, '65..	Asst Surgeon 35th Regt. Sept. 20, 1864.....	Discharged July 20, 1865..
William W. Bowlby....	3d Cavalry	Nov. 17, '63..	{ Asst Surgeon 2d Cavalry Aug. 12, 1863, } { Asst Surgeon 26th Regt. Sept. 1862.... }	Discharged Aug. 1, 1865..
Henry C. Clark.....	37th Inf'try	June 24, '64..	.....	Discharged Oct. 1, 1864...
Richard Thomas, Jr....	38th "	Sept. 19, '64.	Asst Surgeon 10th Regt. May 12, 1862.....	Discharged June 30, 1865.
George R. Sullivan.....	39th "	Sept. 28, '64..	Asst Surgeon 15th Regt. July 11, 1862.....	Discharged June 17, 1865.
Charles E. Hall.....	40th "	Feb. 14, '65..	Asst Surgeon 15th Regt. March 26, 1863....	Discharged July 13, 1865..

ASSISTANT SURGEONS NEW JERSEY VOLS.

NAMES.	REGIMENT.	DATE OF COMMISSION.	REMARKS.
Levi D. Miller	1st Inf'ntry	Aug. 8, '62.	Discharged June 23, 1864
Eugene Schumo	2d "	Aug. 20, '62.	Discharged Jan. 8, 1863.
John R. Hilton	2d "	Jan. 27, '63.	Died March 17, 1863.
Luther F. Halsey	2d "	March 9, '63.	
John Helm	2d "	May 11, '63.	Discharged June 21, 1864
George D. Fitch	2d "	March 14, '65	Discharged July 11, 1865
Gilliam C. Terhune	3d "	July 19, '62.	Discharged June 23, 1864
William E. Mattison	3d "	Aug. 20, '62.	Resigned March 5, 1863.
Jonathan C. Prescott	3d "	March 5, '63.	Discharged June 23, 1864
Bowman Hendry	4th "	Jan. 30, '62.	Resigned Nov. 3, 1864.
Duncan W. Blake	4th "	Jan. 4, '65.	Discharged July 9, 1865.
Jesse A. Cloud	4th "	March 14, '65	Discharged July 9, 1865.
Oliver S. Belden	5th "	May 17, '62.	Dismissed Nov. 30, 1862.
William Blundelle	5th "	Aug. 20, '62.	Resigned Sept. 24, 1864.
Bowman Hendry, sr	6th "	July 19, '62.	Discharged Sept. 7, 1864
William M. Cooper	6th "	Aug. 20, '62.	Dismissed
Henry M. Fagan	6th "	Feb. 11, '63.	Discharged April 21, 1863
Charles B. Jaques	7th "	July 19, '62.	Discharged Oct. 7, 1864.
Luther F. Halsey	7th "	Aug. 20, '62.	Resigned March, 1863.
Frank V. Paxson	7th "	Dec. 16, '64.	Resigned May 30, 1865.
Charles S. Champion	7th "	March 22, '65	Discharged July 17, 1865
H. Genet Taylor	8th "	Sept. 14, '61.	Resigned March 15, 1864
William M. Lamb	8th "	April 20, '64.	Discharged July 17, 1865
Lewis Braun	9th "	Oct. 3, '61.	Resigned March 20, 1862
John M. Davis	9th "	May 1, '62.	Discharged May 10, 1865
Jesse J. Thomas	10th "	March 9, '62.	Died May 4, 1862.
Samuel Stelle	10th "	Aug. 20, '62.	Resigned Sept. 10, '62.
Peletiah Fitch	10th "	Sept. 16, '62.	Discharged July 1, '65.
Joseph B. Van Sant	10th "	March 7, '65.	Discharged July 1. '65.
Edward Byington	11th "	Aug. 6, '62.	Resigned March 20, '63.
Edwin B. Young	11th "	Aug. 20, '62.	Resigned Feb. 5, '63.
George T. Ribble	11th "	Feb. 10, '63.	Discharged June 6, '65.
John D. Heritage	11th "	May 15, '63.	Discharged June 6, '65.
Samuel T. Miller	12th "	Aug. 1, 62.	Resigned Nov. 8, '64.
Uriah Gillman	12th "	Aug. 20, '62.	Discharged June 4, '65.
William Wallace Cornell.	13th "	Sept. 16, '62.	Resigned July 21, '64.
George L. Brooks	13th "	Sept. 22, '64.	Discharged June 8, '65.
Herbert B. Chambre	14th "	Dec. 31, 62 .	Resigned Aug. 14, '63.
R. Lefferts Disbrow	14th "	Aug. 16, 6[illegible].	Discharged June 18, '65.
George S. Dearborn	15th "	Aug. 20, 62.	Resigned Nov. 26, '62.
George Trumpore	15th "	Dec. 15, '62.	Resigned Jan. 10, '62.
John W. Blackfan	1st Cavalry	March 16, '63	Resigned Dec. 10, '63.
Samuel Powell	1st "	Oct. 2, '63.	Died Aug. 8, '64.
Samuel Jones	1st "	Sept. 23, '64.	Discharged June 7, '65.
Stephen W. Van Duyn	1st "	April 4, '65.	Discharged July 24, '65.
Emil Chlenschlager	A Battery.	July 27, '61.	Died of Wounds, '64.
Cornelius Conover	21st Inf'try	May 16, '63.	Discharged June 19, '63.

ASSISTANT SURGEONS N. J. VOLS.—CONTINUED.

NAMES.	REGIMENT.	DATE OF COMMISSION.	REMARKS.
Samuel H. Jones.....	22d Inf'try	Sept. 17, '62.	Discharged June 25, '63.
John E. Cary.....	22d "	Sept. 17, '62.	Discharged June 25, '63.
David G. Hetzell.....	23d "	Sept. 17, '62.	Discharged June 27, '63.
Robert W. Elmer.....	23d "	Sept. 19, '62.	Discharged June 27, '63.
Alban Williams.....	24th "	Sept. 16, '62.	Discharged June 29, '63.
Thomas G. Rowand.....	24th "	Sept. 16, '62.	Discharged June 29, '63.
Robert M. Bateman.....	25th "	Oct. 15, '62..	Discharged June 20, '63.
Seffrine Daily.....	25th "	Nov. 1, '62..	Discharged June 20, '63.
Thomas S. Osborne.....	26th "	Feb. 18, '63..	Discharged April 17, '63.
J. Henry Stiger.....	27th "	Oct. 9, '62...	Discharged July 2, '63...
Charles H. Suydam.....	27th "	March 18, '63	Discharged July 2, '63...
Benjamin N. Baker.....	28th "	Oct. 2, '62...	Discharged July 6, '63...
Joseph F. Berg, jr.....	28th "	Sept. 15, '62.	Discharged July 6, '63...
Judson G. Shackleton...	29th "	Sept. 19, '62.	Discharged June 30, '63.
Ezra M. Hunt.....	29th "	Oct. 9, '62...	Resigned Jan. 7, '63.....
Elijah W. Lawrence....	29th "	June 4, '63..	Discharged June 30, '63.
Alexander Barclay, jr...	30th "	Sept. 15, '62.	Resigned March 5, '63...
George E. Summers.....	30th "	Sept. 19, '62.	Discharged June 27, '63.
John T. Lanning.....	30th "	March 18, '63	Discharged June 27, '63.
Joseph S. Cook.....	31st "	Sept. 15, '62.	Resigned Jan. 6, '63.....
Nathaniel Jennings.....	31st "	Sept. 15, '62.	Discharged June 24, '63.
William S. Willes.....	31st "	March 26, '63	Discharged June 24, '63..
John L. Krauter.....	2d Cavalry	Feb. 9, '64...	Discharged Nov. 1, '65...
John R. Todd.....	2d "	April 15, '64.	Discharged Nov. 1, '65...
J. Henry Stiger.....	33d Inf'try	July 20, '63..	Discharged July 17, '65..
Charles W. Stickney....	33d "	Aug. 3, '63..	Discharged July 17, '65..
David G. Hetzell.....	34th "	Oct. 20, '63..	Discharged April 30, '66.
Con. C. Badger.....	34th "	June 13, '64.	Discharged April 30, '66.
Richard G. Taylor.....	35th "	Aug. 22, '63.	Resigned March 7, '64...
John T. Lanning.....	35th "	Sept. 23, '63.	Resigned July 5, '64.....
Edward H. Reed.....	35th "	July 26, '64..	Resigned March 29, '65..
Samuel Woolverton.....	35th "	June 8, '65...	Discharged July 20, '65..
Lawrence O. Morgan...	3d Cavalry.	Dec. 18, '63..	Resigned July 28, '64....
Samuel A. Phillips.....	3d "	Feb. 13, '64..	Dismissed June 25, '64...
John Helm.....	3d "	Sept. 15, '64.	Discharged Aug. 1, '65...
R. Douglass James.....	3d "	Jan. 16, '65..	Discharged Aug. 1, '65...
Morton Robinson.....	37th Inf'try	June 23, '64.	Discharged Oct. 1, '64...
Elwood P. Hancock....	37th "	June 23, '64.	Discharged Oct. 1, '64...
Israel Hart.....	38th "	Sept. 22, '64.	Discharged June 30, '65.
William S. Combs.....	38th "	Sept. 23, '64.	Discharged June 30, '65.
George W. Douglass....	39th "	Sept. 24, '64.	Discharged June 17, '65.
Harmon Heed.....	40th "	March 2, '65.	Discharged July 13, '65..
Elias Wildman.....	40th "	March 3, '65.	Discharged July 17, '65..

REPORT OF THE COMMITTEE ON SANITARY LAWS.

The Committee appointed at your last meeting to present the subject of "Sanitary and Hygienic" interests of the State to Executive and Legislative consideration, would respectfully report that a letter on the subject was addressed to His Excellency Governor Ward, early in February, 1866, whereupon he cordially invited the Committee to present the subject before him in person, and invited members of both Houses of the Legislature to meet at the Executive Chamber and listen to the suggestions of your Committee. The result was the appointment of a State Sanitary Commission, who were thus enabled officially to draw the attention of the State to important matters bearing on public hygiene, and to awaken an interest in the whole subject. In their report to the Legislature, this Commission recommended to the Legislature the passage of a general State Health Law, framed in accordance with the most approved views on this subject. Although the bill failed of passage, it was only lost by a small majority, and your Committee have reason to know that the health interests of the State are now regarded as a permanent subject of legislative attention. The present Executive showed an intelligent and appreciative interest in all suggestions as to sanitary reform, and has the highest statesmanlike view of the importance of State action in this regard. It must be said, too, of the Legislature, that while there were some illogical objections, many of the members took enlarged and correct views of the relations of sanitary legislation to the health of the citizens. For the first time we believe in our history, there was a Committee on Public Health, all of whom showed a lively interest and intelligent co-operation in the plan suggested. Had the Commission been able to suggest a bill early in the session, and to have given it the advantage of personal explanation to various members, it would no doubt have become a law. While we may honestly differ as to minor points in legal sanitary enactment, we believe that the medical profession owe it to themselves as philanthropists, no less

than as medical men, to take a lively interest in all that relates to the public health.

While we ask no exclusive privileges, and have little confidence in any special legislation as to health matters, we believe that the physicians of the State have it in their power, by facts and figures, so to create public sentiment as to secure some good form of health law for the State, at the next meeting of its Legislature. Your Committee considered their duties, as the representatives of the Society, to have ended when a Sanitary Commission was appointed, but refer to those facts as having to do with results following the appointment of the Committee by this Society. We recommend that, in such way as you may deem proper, the attention of the State be directed to this matter, and that the Society co-operate in every way in their power, with all judicious effort, to secure a more widely diffused knowledge of sanitary science and a proper system of State enactment.

E. M. HUNT,
B. H. STRATTON,
JOHN WOOLVERTON.

REPORTS OF DELEGATES TO OTHER SOCIETIES.

REPORT OF DELEGATION TO AMERICAN MEDICAL ASSOCIATION.

Your delegates to the American Medical Association, appointed at your last meeting, would respectfully report: That in the performance of the duties assigned them they attended the meeting of said Association at Baltimore, Md., on the first day of May, 1866. Besides the representatives from this Society, there were present from the State of New Jersey, delegates from the Cumberland County District Society, Essex Medical Society, Hunterdon County District Society, and Newark Medical Association, together with Drs. John Blane and E. M. Hunt, permanent members.

The Committee on Credentials reported an attendance of 326 delegates and permanent members, which number was subsequently considerably increased.

The proceedings were of the most interesting and harmonious character; the discussions on the various subjects brought to the attention of the Association, while they were earnest, were characterized by that courtesy and gentlemanly bearing, which so properly belongs to our noble profession.

The subject of Asiatic Cholera, and the doctrine of its contagious character, in view of its then threatening approach, was a most interesting and important one, and was fully and fairly discussed. The Association refused by a decided vote to commit itself to the doctrine of contagion, although strongly urged to do so by some of the most eminent men present.

It is hardly necessary to recapitulate the whole of the proceedings of the Association, as they have been fully published in the 17th volume of the Transactions. Your delegates would refer you

to the pages of that interesting book for such further information as may be desired.

Dr. H. F. Askew, of Delaware, was elected President of the Association for the ensuing year, and Dr. John Blane was placed on the Committee on Necrology, from this State. Cincinnati, Ohio, was selected as the place for the meeting in 1867. The imperfections of this report would be greatly increased, did it not acknowledge the unbounded hospitality, kindness and attention, with which the members were treated by the medical profession, the municipal authorities, and the citizens of Baltimore generally, and last though not least by His Excellency the Governor of Maryland, who entertained the entire Association, together with hundreds of their friends, at the Executive mansion at Annapolis, which place was visited by means of a steamboat excursion, got up in the most complete style by our hospitable and generous entertainers of Baltimore.

No meeting of the New Jersey Medical Society having been held since the meeting of the American Medical Association in 1866, it was presumed that the delegates appointed for that year would be expected to attend the meeting of the Association in 1867. Drs. S. S. Clark, Gilbert, and Samuel Lilly, accordingly attended as delegates from this Society. They were joined by Isaac S. Cramer of the Hunterdon County District Society, and G. Grant of the Newark Medical Association.

There was a large attendance of delegates and members from all the Northern and Western States, and a few from the Southern States; more of the latter it was said would have been present, but for the want of means to do so. The best of feeling prevailed, the discussions, addresses and other proceedings were such as could not but make the hearts of all present glad, especially so because of the expressions of our Southern brethern, that there never had been and never could be any separation between the members of our profession; that while politicians would divide the country by

geographical lines, the learned professions, (that of medicine particularly) being cosmopolitan could not be divided.

The opening address of the President was a most interesting document, but as a full synopsis of its contents has found its way in a number of medical, as well as secular journals, to which most of you no doubt have had access, it is not necessary for us to repeat any here.

A number of interesting topics were reported upon and discussed, which cannot be noticed in the limits of a report like the present one. This is the less to be regretted as the transactions will soon be published in full and placed within the reach of every member of the profession who desires them.

The most important matter in the opinion of your delegates, which was brought forward, was that of medical education. A committee was appointed at the meeting of the Association in 1866, to call a convention of the medical teachers of the country, with a view of establishing an advanced standard of medical education. This convention met at Cincinnati the week prior to the meeting of the American Medical Association. Twenty-four schools and colleges, being a majority of all the medical schools in the country, were represented. After mature deliberation and discussion a plan for a higher standard of professional education was adopted unanimously. This plan, a copy of which accompanies this report, formed a portion of the report of the Committee on Medical Education to the American Medical Association, and was unanimously approved by vote of that Association, and the influence and support of its members pledged to its success.

The plan embraces a more thorough course of preparatory studies than has been heretofore exacted; an extension of the term of medical pupilage to four years; three full courses of medical lectures of six months each, and a division of the college classes into freshmen, juniors and seniors, with a separate course of lectures to each, thus involving the necessity of a considerable

increase in the number of the college faculties. A separation of teaching and licensing was also strongly recommended.

It is to be regretted that none of the medical schools of the cities of New York and Brooklyn were represented in the teachers' convention, while those of their sister city of Philadelphia were there in full force. The resolution of approval of the plan and pledging the support of the American Medical Association and its members thereto, was offered by Prof. Lewis A. Sayer, M. D., of New York. This would seem to imply that the faculties of the schools located there, and the members of the profession resident in the metropolis, approve the step taken and will give it a hearty support.

Prof. Samuel D. Gross, M. D., of Phila., was elected President of the Association for the ensuing year. The member of the Committee of Necrology from this State (Dr. John Blane) was continued on that Committee.

A very animated discussion arose upon fixing the place for the next meeting. New Orleans was named by the Nominating Committee. This was opposed on the ground that no invitation from that city had been extended to the Association to meet there, and from the impoverished condition of New Orleans as well as of the whole Southern country, it would be ungenerous to saddle upon the profession and the citizens an expense they can so illy afford.

Washington City was finally selected as the place for the next meeting, and the Committee of Arrangements were instructed to decline all invitations either for themselves or the Association for fetes, entertainments or excursions, which would interfere with the business of the Association.

It may be well to state here that a custom has grown up, by which the meetings of the Association have become a very heavy tax on the profession and people of the city where they are held. The cost in each of the cities of Baltimore and Cincinnati could not have fallen far short of twelve or fifteen thousand dollars.

Your delegates discussed the question of extending an invitation to the Association to meet in New Jersey next year, which invitation we are convinced would have been gladly accepted, but we did not feel at liberty to do so and thus incur an expense which, from the paucity of the members of the profession in New Jersey, and their limited means, would be more than they could well afford. It is hoped however that in the not far distant future, the feasting, banqueting, excursions, &c., will be dispensed with, and the meetings devoted to the business for which they are held, and then our glorious little State and the noble band of professional brethren, within her borders, will be honored by a meeting of our National Asssociation.

This report, your delegates are fully aware, is a very meagre and imperfect one, a mere outline of what transpired; all however, will soon have the opportunity of filling up the picture by a perusal of the volume of the transactions soon to be published.

We cannot close this report without tendering to the profession and citizens of Cinncinati our heartfelt and grateful thanks for their unbounded hospitality, their untiring efforts and lavish expenditure of money to make our visit to their Queen City of the West most profitable and agreeable; and to this time-honored institution we offer our cordial acknowledgments for the privilege of attending these meetings in a delegated capacity.

Respectfully submitted,

SAMUEL LILLY, *Chairman.*

REPORT OF DELEGATION TO MEDICAL SOCIETY OF NEW YORK.

We beg leave to report that we attended the annual meeting of the Medical Society of the State of New York, held at Albany February 6, 1866, and was duly welcomed as one of your representatives. Although able to remain only a single day, we heard and saw enough to satisfy us that the well-known reputation of the

medical profession of New York State was fully sustained in its State Society. While it affords an occasion for pleasant social reunions, its members are thoroughly devoted to advancing the science of our profession, and besides its routine business, a large number of scientific and practical papers were offered on the various subjects pertaining to the practice of medicine. In this respect, they set our own Society an example well worthy of imitation. Not less than twenty-five papers were presented. The transactions of the Society are published at the expense of the State, and are a valuable contribution to medical literature. With the earnest hope that both Societies will continue to maintain the pleasant correspondence, and not fail to secure the presence of representatives at each annual meeting, we respectfully submit this report.

EZRA M. HUNT.

REPORT OF DELEGATION TO CONNECTICUT MEDICAL SOCIETY, 1866.

The undersigned, one of the delegates appointed to the meeting of the Connecticut Medical Society, for 1866, begs leave to report that he attended the seventy-fourth annual meeting of that Society, which was held at New Haven on the 23d and 24th of May, 1866. Upon presenting his credentials, he was most cordially received by the members of the Society, and invited to participate in the discussions. He found there delegates in attendance from the Medical Societies of Maine, New Hampshire and New York, who, in common with himself, were cordially welcomed to the meeting. After the usual preliminary business, and receiving various papers from the County Societies, the Society adjourned to meet in the Hall of the House of Representatives of the State, where an able and very interesting address was delivered by Dr. Isaac G. Porter, the President of the Society, on the Medico Chirurgical Lessons of the War. This address was listened to by a large audience of the profession and citizens of New Haven. After the address, the Society were hos-

pitably entertained by the New Haven Medical Association at Alumni Hall of Yale College. The next morning was devoted to the usual business of the Society, and several valuable papers were read, one of which was on the Nebulization of Medicines, for inhalation, by Dr. Ephraim Luther, of Boston, and one on the Prophylaxis of Phthisis, by Dr. C. L. Ives, of New Haven, both of which were able and interesting papers, and elicited great commendation from the members of the Society. Altogether, the proceedings were of great interest. The Connecticut Medical Society, like our own, has a charter from the State. Has some privileges from the State in the control of the General Hospital of the State, which, as appeared by some of the proceedings of the Society, the Homœpathists and Eclectics were endeavoring to share, by means of legislative action. Such always will be the case where any power or peculiar privileges are dependent on Legislatures, and your delegate could not help congratulating himself, and our honorable Society, that by the last alteration in our charter, and being organized entirely on the voluntary principle, we should hereafter be free from legislative interference in managing the affairs of our Society. A strong desire was expressed that the correspondence with our Society should still be maintained, and two delegates were appointed to be present at our annual meeting to be held at Newark, and we would earnestly recommend that delegates should be appointed from our Society, to be present at the future meetings of the Connecticut Medical Society.

Respectfully submitted,

RICHARD M. COOPER, M. D., *Delegate.*

REPORT OF DELEGATION TO CONNECTICUT MEDICAL SOCIETY, 1867.

But for the letter of the law, it seems unnecessary to commit to writing a detailed account of the attendance of your delegation at the annual session of the Medical Society of Connecticut, on Wed-

nesday and Thursday of last week. The meeting was held at Hartford, and one delegate from each of the States of Vermont, New Hampshire, Massachusetts, New York and New Jersey were present, and received a cordial welcome from the members of the Society. Besides the routine business, nothing of special interest occurred. At the opening, a Committee of Dentists were heard in reference to an application made to the authorities of Yale College for the establishment of one or more chairs, in connection with the Medical Department, on their specialty. The favorable action and co-operation of the Society was solicited. The subject was referred to a Committee, to report at the next annual meeting. It was said that the plan had already been adopted at Cambridge.

On Wednesday evening, through the liberality of the medical gentlemen of Hartford, a public entertainment was given to the Society, which in its social and culinary aspect, was very pleasant. The President, Dr. Porter, of New London, at this time delivered a very interesting address on the Recuperative Powers of Nature in the cure of Disease. He laid great stress upon the efficacy of this agent, not to the exclusion of drug medication, but as co-operative, and contended that his positions were sustained not only by theoretical reasons, but by modern practice.

On the following day, Dr. Hubbard read an essay on a Milk Diet, in the treatment of the entire catalogue of diseases, except in the case of idiosyncrecies, contending that it contains more of the elements necessary for the sustentation of the system in sickness than any other known aliment, and if given at the commencement, would supercede the use of alcoholic stimulants, at least its very liberal use as practiced by many physicians. He advises this diet from the commencement to the termination of the sickness, in quantity of two ounces three times a day, to two quarts a day, according to circumstances. He asserted that in his own practice, by an exclusive, persistent use of milk, he had succeeded in curing severe chronic diseases, which had refused to yield to any other treatment.

I need not add that your delegate did not neglect to urge the sending of a full delegation to this meeting, assuring a welcome reception, and special provision for their care and comfort during the session.

WM. PIERSON,
Delegate to Medical Society of Connecticut.

PRESIDENT'S ADDRESS.

GENTLEMEN OF THE MEDICAL SOCIETY OF NEW JERSEY:

In the good providence of God we are permitted to assemble together again, after a protracted interval, growing out of the new arrangement entered into at our last meeting; it is pleasant, and I hope it will be profitable to us to renew our fraternal greetings, and take council together in strengthening and fortifying each other in the arduous and responsible profession to which we have consecrated our talents and our lives.

It is, my brethren, a noble profession, second only to that of divinity; the former seeks to mitigate the ills of the body, while the latter seeks to implant within the soul the germ of a higher, better life, which shall be perpetuated forevermore in the presence of all those who have been redeemed, sanctified and saved.

We enter this day on the first anniversary of a new century of our time-honored Society. When we look back, and scan the list of those who were associated together in the early part of the organization of this Society, we find that they have long slept the sleep of death. It is indeed a sad duty to report yearly, here and there, some of our number gone, whom we took by the hand with cordial greetings at our annual social gatherings.

It is the province of the Standing Committee to report all such. I am not able to say who or how many have fallen since last we met; we may mention, however, that the District Society of Cumberland County sustained the loss of two of its members, William B. Ewing and Nathaniel R. Newkirk. Both were devoted Christian gentlemen, and left the world in the full hope of a bliss-

ful immortality. You may expect a more extended notice of their lives and character from the proper source.

Since our gathering to celebrate the centenary of this venerable Society, stupendous results have been achieved. Wars and rumors of wars across the Atlantic; kingdoms, thrones and empires have been shaken to their very centre; the oppressed and down-trodden have been rescued; religious liberty has been advanced, and its holy precepts have been acknowledged. What a glorious day is this in which we live! Every indication points to the oncoming of universal liberty, when all the nations of the earth shall dwell in peace, when wars, and strife and bloodshed shall no more be known, feared and felt.

In our own country prosperity and tranquillity, so much desired by every patriot heart, have again spread their balmy wings over our beloved land, and very much has already been done to exalt America in the scale of national greatness, and render brighter and fairer her tarnished escutcheon, not the least of which is the education aud Christian instruction bestowed upon the liberated African. It is no longer a problem that he is susceptible of moral and religious culture. Many are destined, no doubt, to fill some important position in the regeneration of their race—one of the glorious results of our late conflict.

In this connection, we may notice the princely munificence of that great and good man, George Peabody, Esq., who has recently sown broadcast millions of his own private fortune for the education of the Southern races, white and black alike, who may be unable to assist themselves in whole or in part. Such wondrous liberality is without a parallel. In vain shall we search the past or present century for a precedent. No man living can compute the glorious results which are sure to follow, through time and eternity, such noble and disinterested benevolence. This act alone renders the name of George Peabody immortal.

We deem it worthy of mention that every State, North and South, was represented by delegates at the recent meeting of the

American Medical Association, held at Cincinnati—a circumstance exceedingly gratifying to every lover of his country.

The signs of the times seem to betoken that the day is hastening on apace when the reconstruction of the Southern States will be effected on a just, permanent and enduring basis.

Then, again—what a mighty achievement in science. The Atlantic cable has been successfully laid, and daily dispatches are received every morning from all parts of Europe, soon to be extended over every continent! The name of Cyrus W. Field will live in history to the end of time. Well might Congress give him a vote of thanks in behalf of this great nation. So perfect is the conducting power of this cable, that the operator in Newfoundland has sent a dispatch to Ireland with a battery of simply a gun cap, with a strip of zinc, excited by a drop of water the bulk of a tear.

But the most wonderful and astonishing thing in connection with this achievement was the recovery of the cable, lost in mid-ocean in the preceding year, which, as Mr. Field well says, was "the triumph of the highest nautical and engineering skill." Having found the place where the cable parted, he cast over the grapnel, but, alas! the ocean was two miles deep, and two long hours were required for the grapnel to reach the bottom. The weather was very stormy, and the work was tedious. Thirty times did they cast their line. On the last night of August, a little before midnight, it was secured, and a little after midnight on Sunday morning, it was safely on board. He says, "What was the anxiety of those twenty-six hours? But soon the wind rose, and for thirty-six hours we were exposed to all the dangers of a storm on the Atlantic. Yet, in the very height and fury of the gale, as I sat in the electrician's room, a flash of light came up from the deep, which having crossed to Ireland, came back to me in mid-ocean, telling that those so dear to me, whom I had left on the banks of the Hudson, were well, and following us with their wishes and their prayers. This was like a whisper of God from the sea, bidding me keep heart and hope."

The science of medicine, since the days of Galen to the present time, has been progressive. With astonishing results new remedial agents are constantly being discovered, tending to assuage the pain and sufferings of the human race, thus prolonging life and rendering it more desirable and pleasant.

Surgery has made rapid advances. The use of chloroform and ether in operatic surgery is a boon to the sufferer too precious to be dispensed with.

The practitioner of to-day has much more abundant material wherewith to combat disease than those of the last century, or even twenty years ago. The animal, mineral and vegetable kingdoms have of late greatly enriched the materia medica; perhaps none more so than the latter. "It is more than probable," says the late Professor Chapman, "that on some of the Alpine heights, or along the margin of those bold streams which pervade our widespread continent, there blooms many a plant whose virtues, now flung on the 'desert air,' may be peculiarly adapted to the gigantic forms of disease, and capable of reducing the lengthened catalogue of the *opprobia medicorum.*"

EPIDEMIC CHOLERA.

I have chosen, gentlemen, Epidemic Cholera as the subject of my address to-day, and I invite to its consideration your careful and undivided attention. I need hardly say that my mind has been drawn to this subject on account of its reappearance in this country during the past year, and its probable recurrence again this year. And indeed, while this address is being written, this disease has already recommenced its fearful march. During the past month (April) several fatal cases have been reported as occurring in Louisiana, which has extended into Arkansas, among the freedmen, with great mortality. At the present time, however, the disease has materially abated. One or more cases have been reported in St. Louis and Chicago. It would not be surprising if, during the

summer approaching, it should be very destructive in its course through the valley of the Mississippi, on account of the submerged condition of the lowlands bordering on that magnificent river.

"This disease appears," says Professor Wood, "to have been long known in India, but it first began to attract the attention of the medical profession in the year 1817, when it broke out as an epidemic, with great violence, in Bengal, and from that province, as a centre, commenced the fearful march, which did not cease until it had encircled the globe."

At a medical conference, composed of eminent men of the different European countries, recently held at Constantinople, it was ascertained that the birth-place and permanent seat of the cholera is in a district in the valley of the Ganges, in India, and that it is wholly transmitted by man himself. It was proposed that barriers should be raised against its fresh importation from the East, and that it should be attacked in the district where it is permanently settled.

Its first appearance in this country was in 1832, brought from Paris and London. Overleaping the barrier of the Atlantic, it appeared in Quebec on the 8th of June, and at Montreal on the 10th, and thence pursued a rapid course along the St. Lawrence and the lakes to the valley of the Mississippi river. A detachment from the main line of invasion, as it crossed the Atlantic, appears to have struck the shores of the United States at New York, where the disease broke out on the 24th of June. Thence it spread northwardly up the Hudson, and southwardly to the Delaware and Chesapeake Bay, reaching Albany on the 3d or 4th, and Philadelphia on the 5th of July, and Baltimore in the course of the same month; and so continued on its course, invading Charleston, Havana in Cuba, and Mexico, where it committed great ravages in 1833.

In 1849 it again visited this country, being brought across the Atlantic in a ship with emigrants, which sailed on the 9th of November, 1848, from Havre for New York.

At the time of the departure of the ship there was no cholera either in that port or at Paris, and the crew and passengers were all healthy. The vessel had been sixteen days at sea when the cholera appeared on board, and she arrived with it at the quarantine ground at Staten Island on the 1st of December. The passengers were landed, and very soon afterwards the disease broke out in the neighborhood. It did not, however, extend beyond the quarantine enclosure, and ceased entirely about the beginning of the new year.

Another ship sailed from the same port and brought the disease to New Orleans, while still another conveyed it to New York about the close of May, 1849. In the summer of 1850, and in almost every year since that time, it has occurred to a greater or less extent in various parts of the valley of the Mississippi.

In the early part of the summer of 1866 it was again brought to this country in a ship from Liverpool containing emigrants. The crew and passengers embarked healthy, but on the passage, after being at sea several days, the cholera broke out, causing several deaths, and so continued to prevail when she arrived at quarantine in New York Bay, in the month of June. Here the affected were transferred to a Hospital Ship for treatment, and hopes were entertained that it might be confined to this locality; but not long after it appeared in the city of New York, from which point it spread to other cities, towns and villages, Philadelphia, Cincinnati, St. Louis, &c., but in no place was its invasion more protracted and serious than at Cincinnati, where it was marked with great mortality.

On the line of railroads in this State it invaded various sections. The report of the Sanitary Commission says: "It visited Hudson City, Hoboken, Burlington and Camden, where it prevailed most severely, while several other places in lines of public travel numbered from one to fifteen cases. Over two hundred cases were fatal. In nearly all cases it was directly traceable to some nestling point in New York or Philadelphia; and in many instances

the first case in a town would be in the person of a stranger or visitor recently arrived from one of these cities. The portability of the disease is fully established, yet we are not prepared to say that it is always and only thus propagated."

From the brief account of the cholera here considered, it will be seen that its march is extremely irregular; sometimes it advances with great rapidity, sometimes slowly, and sometimes pauses for a longer or a shorter period, giving hopes to the yet unvisited countries that they may yet escape its ravages.

In general its progress is arrested during the winter, to be resumed in the spring, though this is not invariably the case, for at Moscow it prevailed through most of the winter of 1830 and 1831, and the cold weather did not prevent its spreading along the Mississippi in the winter of 1848–49. Though preferably following the course of streams, affecting low and damp places, and attacking the filthy and crowded portions of populous cities, it is yet absolutely confined to no particular character of locality, but shows itself occasionally upon lofty mountains, in the midst of sandy deserts, and among the scattered inhabitants of thinly peopled agricultural districts.

No barriers have yet been found sufficient to obstruct its progress. It crosses mountains, deserts and oceans. Opposing winds do not check it. All classes of persons, male and female, young and old, the robust and the feeble, are exposed to its assaults, and even those whom it has once visited are not always subsequently exempt, yet, as a general rule, it selects its victims from among those already depressed with the various ills of life. The period of its duration in any one spot is generally from one to two or three months, though this is much influenced by the season, being shorter, for the most part, when winter is near. When it prevails in the same place more than once, it usually affects fewer persons, and is of a milder character in the second attack than in the first, though there may be some exceptions.

The first approach of the epidemic influence, in places about to

become the seat of cholera, is usually felt in the more or less general prevalence of moderate disorders of the stomach and bowels, which precede, for a short time, the appearance of the disease, and continue, in various degrees, to affect a large portion of the population. After it has become established, sometimes there is only a slight derangement of digestion, or a simple diarrhœa or mild dysentery, but very frequently the premonitory affection takes on a more decided character, and, without amounting absolutely to cholera, approaches it more or less nearly. From this circumstance it has received the name of *Cholerine*, adopted from the French writers.

When the epidemic influence has attained an intensity adequate to the production of the full formed disease, a few cases are first observed, usually among the lowest order of the community. These are soon followed by others, and the numbers gradually increase until the pestilence reaches its acme, when it speedily subsides, and ultimately disappears, leaving behind it, for a short time, that same tendency to bowel complaints which had heralded its approach.

The attack often occurs after some imprudence in diet or exposure, but often also without any obvious exciting cause, and, according to some writers, most frequently in the night. It occasionally comes on with loss of appetite, pain in the back and abdomen, vertigo, noise in the ears, disordered vision, feebleness of the pulse, paleness of the face, copious sweats, a feeling of general weakness, and sometimes rigors. In the midst of these or similar symptoms, in most cases after a longer or shorter duration of diarrhœa or cholerine, but sometimes without any premonition whatever, the patient is seized with vomiting and purging, which are frequently repeated, and attended with severe pain in the abdomen, neuralgic pains in different parts of the body, and cramps of the voluntary muscles, especially those of the lower extremities. The first evacuations in cases not originating in diarrhœa or cholerine, consist of the ordinary contents of the stomach and bowels,

but the dejections which follow are of a whitish color, thin and watery, resembling rennet whey, thin gruel or rice water. In mild cases, or after the subsidence of the severer symptoms, they are sometimes tinged with bile, and a little blood is occasionally discharged. The matter vomited is generally similar to the stools. The evacuations are usually forcibly ejected, but without apparent straining or much voluntary effort, and are often very copious.

The cramps usually begin in the extremities, affecting especially the calves of the legs, but subsequently extend to muscles of the trunk and abdomen. They are excruciatingly painful and almost incessant, sometimes distorting the fingers and toes in various directions, according to the particular muscle or muscles affected.

At the same time the pulse sinks rapidly, the extremities become cold, the features shrink, the patient is restless, and complains of intense thirst; the whole surface is bathed with sweat, the urine is scanty, and the skin begins to assume a bluish, leaden or violet color, which extends more or less over the body, but is peculiarly striking in the face, hands and feet. If the complaint is not arrested the evacuations become still more copious and watery, the thirst insatiable, with a burning heat at the epigastrium, the pulse frequent, feeble, and sometimes scarcely perceptible; the breath cool, the tongue cold and pale, though still moist, the skin unusually cold, shrunken and inelastic, so that when pinched into folds it does not resume its former state; the hands and feet shriveled and wrinkled, as if long soaked in water, and of a dark purplish or livid color, especially at the nails, which are sometimes almost black; the eyes deeply sunk in their sockets and surrounded with a livid circle, the nose and lips blue; the secretion of urine and tears suppressed, the respiration short, hurried and oppressed, and every symptom indicative of extreme prostration.

With all these changes the external sensibility often remains acute, so that mustard plasters and other irritants produce severe pain; and though cold to the touch the patient frequently complains of a distressing heat over the whole surface. The intellect is generally

sound, but more or less obtuse, and in all his moral relations the patient evinces an extraordinary apathy, being insensible alike to his own danger and prospects, and to the feelings of those connected with him.

But, a step further and the pulse becomes quite imperceptible, a feeble movement only of the heart is discoverable, the features and whole body are so shrunken that the patient can scarcely be recognized by his friends, the bluish or purplish color often pervades the whole surface; the voice is feeble or quite extinct, the breath almost as cold as the external air, the respiration either hurried and feeble, or very slow and scarcely perceptible; the countenance calm or quite inexpressive, and the whole aspect of the patient that of utter helplessness.

Intelligence is sometimes retained till within a few moments of the close of life; in other cases a period of stupor precedes death. The fatal issue sometimes occurs in four or five hours from the commencement of the attack, though more frequently life is protracted for one, two or three days.

The course of the symptoms in cholera is not always uniform; sometimes the spasms are comparatively trifling or altogether absent, sometimes they constitute the chief feature of the case, to the exclusion of the ordinary evacuations. Cases have been frequently observed in which fatal collapse supervened without vomiting, and others are on record in which there was neither vomiting nor diarrhœa. The bluish aspect of the surface, so characteristic of cholera, is not present in all cases, not even in all those which end fatally.

Cholera, running through a regular course, often exhibits four distinct stages. The first is the forming stage, consisting of a simple diarrhœa. The second is that in which the symptoms of cholera are decided, but the system has not sunk into complete prostration, and the circulation is distinctly observable both in the larger vessels and capillaries. The third is the stage of collapse. The fourth is that of reaction. All these stages do not by any means occur in

all cases. The disease is often arrested in the first or second stage, or proves fatal in the third, without ever reaching the fourth; and sometimes the second or even the third stage comes on without the known existence of those ordinarily preceding it.

The *predisposing causes* are many. Whatever is calculated to diminish the vital energies, or to reduce the vital actions below the standard of health, may be ranked among these causes. Not only are debilitated individuals in greater danger, when laboring under the disease, they are also much more liable to its attacks. Previous disease, old age, intemperance, vicious indulgences of all kinds calculated to impair the health, deficient alimentation, an excessive or exclusive vegetable diet, confined air, especially in low and damp places, the effluvia of crowded residences, continued grief, fear, anxiety, and other depressing emotions, often bring on an attack; one of the most common exciting causes is a sudden exposure to cold when the body is warm and perspiring.

Surgeon General Barnes, in whose charge the safety and health of the army is reposed, has deemed it to be proper to issue a circular to the Medical Corps and commanders of troops, setting forth the measures that should be adopted to prevent the contagion spreading among the soldiers of the army, and suggesting such means of prevention as will give to each man something like surety in his person of an escape from an attack, provided he conducts himself with prudence, adheres to cleanliness, and avoids all excesses. The use of water strongly impregnated with decaying vegetable substances, is no doubt a very frequent cause of cholera; and in relation to that matter, Surgeon General Barnes gives very minute directions, which, if followed, will be beneficial to officers and men, as well as to the masses in general.

When the disease was, in 1832, desolating various sections of the United States, it sought out the intemperate and those living in filth and poverty, in preferenee to all other classes. It was chiefly confined to such, though there were exceptions. Some of the honored sons of our State fell victims to its attack; among the

number was Chief Justice Ewing, of Trenton, a man truly endeared to the hearts of those that knew him.

Prognosis. Treated in the forming stage, while yet in the state of diarrhœa, or cholerine, the disease can almost always be arrested. Even when completely formed, if not advanced to the stage of collapse, it terminates favorably under appropriate management in a majority of cases. But in the collapsed state, with fluttering or absent pulse, the cold and leaden surface, the suspended capillary circulation, the shrunken and impressive features, and complete mental apathy, the patient is already in the grasp of death, and medicine can be of little avail. Very few rise out of this condition, when completely formed, and the danger is in proportion to the degree in which it is approached. From the rapidity of the disease and the destitute state of many of those most exposed to it, the patient is very often reduced to this condition of collapse before medical aid can be obtained. Hence the great mortality of this fearful disease.

In forming an estimate of the probable result in any particular case, we are to consider the following circumstances: In the early stages, before the symptoms of collapse have come on, in a young or middle aged, previously healthy and robust individual, and especially if the case occurs in the decline or towards the close of the epidemic, a favorable termination may be reasonably expected.

When the attack is violent, at the commencement of the epidemic, in an individual more than fifty years old, or previously much debilitated from any cause whatever, the most serious consequences may be apprehended. Dryness of the cornea, ecchymosis of the conjunctiva, and perfect stasis of blood in the capillaries, as indicated by the want of any change of color in the gums or inner surface of the lips upon pressure with the finger, are certain signs of approaching death.

We notice in the report of Dr. Blane, of Hunterdon, as published in the Transactions of this Society for the past year, he says, that last year, 1865, we have again intermittents, just as we had them

in 1831, and this is the case with some (and perhaps all) of my neighboring practitioners, and the cholera is approaching as it did then. These may be accidental coincidences, but they seem to argue that there is some change that precedes it and renders the system more susceptible to its attacks. In the years 1849, 1854 and 1858, Dr. Blane does not remember whether intermittents preceded the cholera then or not. My own recollection, fortified by a record kept, is, substantially, that intermittents have always, thus far, preceded the advent of cholera in this country.

Before entering upon the treatment of this disease, we will notice briefly its advent and some of its features, as it occurred in Cedarville, and in my practice.

The season opened in June with dysentery, with choleratic tendency, exceedingly difficult to manage, and much more protracted than usual. The usual purgatives seemed to be inadmissible, it being necessary to feel our way with caution in the treatment of this painful disease, but in every instance cure was effected.

In the treatment of this disease it had been our purpose and intention to have experimented on the plan pursued in Calcutta, in India, as reported by Dr. Samuel Lilly, but owing to choleratic influences it was not deemed prudent. He says that he had the disease there in 1862, took calomel and Dover's powders, followed by ol. Ricini, with some relief, but disease continued, with rapid failing strength. He then called in Dr. Archer, an eminent physician and surgeon, who immediately prescribed pulv. Ipecae in 20 grain doses, repeated once in four hours. He took four doses, and had no more dysentery. No nausea followed the administration of the medicine, but profuse bilious discharges from the bowels were produced, which completely broke up the disease. A mild tonic treatment subsequently restored him to former health. Small doses are regarded as worse than useless.

Following this (dysentery) was cholera morbus and infantum, which yielded to treatment. About the middle of July a genuine case of cholera occurred, very severe, which proved fatal. Several

weeks intervened when another case occurred, (about the middle of September) fatal. During the remainder of the month several other cases, two fatal and six recovered. The usual marks were very distinct, &c. In all ten cases, four fatal and six successfully treated.

All of these cases were men engaged in catching oysters in Maurice River Cove for the Philadelphia market, and in visiting that city with their sloops contracted the disease, and returned home with it. Some of them were men of families; all of the fatal cases were such, but the disease was communicated to only one member of their households; in this family were four cases, all of whom recovered.

There was one symptom present in every case that we do not remember to have noticed in 1832 and 1854, which was a sense of coldness in the region of the stomach, which was somewhat difficult to remove, but, if not too protracted in its removal, was considered favorable. Another feature was, that some five or six hours before dissolution the patients became totally comatose, and so continued till death closed the scene. In the years 1832 and 1854 it was not so—perfect consciousness and ability to articulate continued up to almost the very period of death.

Treatment. The plans of treatment which have been employed in epidemic cholera, were, in 1832, almost as numerous as the combinations of which remedies are susceptible. It was also a good deal so in 1854, one practitioner adopting one mode, and another quite the reverse.

In deciding, therefore, for himself, the physician is necessarily off the ground of general experience, upon that of principle, and his own individual observation. We shall, then, give a sketch of the plan of treatment suggested by a judgment formed upon this basis.

The efforts of the practitioner should be directed to the correction or removal of obvious disorders of the functions, and thus to put the system as nearly as possible into its normal condition.

The indications of treatment in the first and second stages of the disease are, to arrest the evacuations from the stomach and bowels, to relieve irritation of the gastro-intestinal mucous membrane, to restore the suspended secretions, especially that of the liver, to equalize the circulation, to relieve the nervous disturbance, and to support, when necessary, the general strength; of these the most important is to arrest the alvine evacuations, for it is by their continuance and increase that the fatal condition of collapse is generally induced.

Among the remedies best calculated to meet the indications alluded to, the following course of treatment is recommended as the most reliable. As soon as possible sinapisms of mustard should be applied to the region of the stomach and superior and inferior extremities, and the following preparation given, viz.:

Tinc. Opii.	ʒ ss.
" Camphor	ʒ ss.
" Capsicum	ʒ ss.
Sp. Lavd. Comp'd	ʒ ss. *aa*

Dose, a tea spoonful, in a little water and sugar, to allay vomiting and control the diarrhœa, and impart warmth to the stomach and promote general circulation. If, as is sometimes the case, the first and second doses are rejected, the medicine must be immediately and persistently repeated until retained, which is usually effected after the second or third time. This formula has been used in New Orleans and other sections of our country with evident satisfaction. Calomel and opium are then to be introduced. Some writers recommend those articles in small doses, while others assert that in large and liberal doses is our only safety.

It has been our experience that, to make a speedy impression on the functions of the liver, of which the life of the patient mainly depends, it is necessary to commence with 8 or 10 grains of calomel with ½ to ⅛ grain of opium. The tincture above alluded to, and the calomel and opium should be given alternately every half hour, the latter in smaller doses, from 1 to 3 grains calomel and

$\frac{1}{8}$ to $\frac{1}{2}$ grain of opium. As soon as the diarrhœa is checked and the cramps have ceased, the tincture is laid aside, while the other is continued hourly until the secretions of the liver are found to act, and bile in the discharges is discovered; it is then discontinued.

The treatment here indicated is only for the most violent and rapid cases; milder cases of course require smaller doses of calomel and opium.

We consider the treatment, as here recommended, the sheet anchor of our hopes. If the liver especially is not brought into action during the second stage, there is very little hope of succeeding in the third, or stage of collapse.

A bold and energetic treatment must be pursued or we lose our patients. Indeed we are often called in sorrow to give up our friends to the fell destroyer, after we have exhausted our skill and devoted attention.

Some authors recommend, in case the discharges are copious, the addition of acetate of lead in conjunction with calomel and opium, from $\frac{1}{2}$ to 2 grains, and in addition, if this should prove insufficient, with tannic acid, kino, catechu, or the extract of rhatany. We have no doubt of the wisdom of the suggestion, but at the same time consider those articles greatly inferior to the recipe above alluded to. Its effects on the system are threefold: 1st, to arrest vomiting and diarrhœa; 2d, to relieve the distressing cramps; and 3d, to promote general circulation—thus prolonging the duration of the second stage, giving more time for the mercurial influence to act on the suspended functions of the liver.

During the administration of the above remedies, the patient may be allowed to swallow frequently very small quantities of cold carbonic acid water, which tends at the same time to relieve the burning thirst and allay the vomiting. A little very cold water every now and then, or small pieces of ice, will be found very grateful to the patient. In cases requiring stimulation the aromatic spirit of ammonia has been recommended as an admirable and beneficial prescription.

Prostration must be obviated by the diffusible stimulants, especially in intemperate persons, though little good can be expected from these remedies in the state of collapse. Tincture of camphor, aromatic spirits of ammonia, and the ethereal preparations are recommended as among the best; sound port wine or brandy diluted with cold water, may also be used.

It has not escaped our notice, that blood-letting has its advocates in this disease, some contending that great success has followed its use. To be of any utility the lancet should be used in the first or second stage; in the third stage it is wholly inadmissable—blood cannot then be drawn.

In the stage of collapse, the excessive sweats would seem to indicate a more liberal use of stimulants, but experience has shown that little benefit has resulted from their increased use; indeed it would seem that instead of restraining they increase those exhausting sweats, thereby diminishing the little remaining excitability of the system.

Some writers advise bathing the surface with astringent solutions, as of alum with brandy, to close the cutaneous exhalent orifices, thus checking the sweats.

Also Cayenne pepper and brandy, oil of turpentine, tincture of camphor, liniment of ammonia, &c., applied over the surface of the body, are calculated to excite the surface, also friction with flesh brush or the hand, may be advantageous. The stimulants, however, already mentioned, may be used in small and repeated doses, if believed to be productive of no bad effects.

Should the stomach and bowels still be unrestrained, our efforts should not cease in that direction. We should never give up or abandon our patients while life continues. Sometimes, when all hope has nearly or quite fled, unexpectedly reaction takes place; the patient, instead of sinking, gradually improves, and hope again inspires the breast of the physician and friends that life may possibly be prolonged, and the sufferer restored to his family, kindred and friends.

In this stage of cholera the injection of warm water into the veins has been resorted to with success. In a paper read by M. Lorain, at a recent meeting of the *Academie des Sciences*, he gave an interesting account of a case of cholera, in which he had injected water into the veins with success, after all the physicians who saw the patient had pronounced him in the most hopeless state. The patient was of robust constitution, and was brought into St. Antoine on September 29th, at 8 in the morning, having had twelve rice water stools and vomiting the night before. On admission he presented all the symptoms of the first stage of algide cholera—cramps, chills, cyanosis, total suppression of urine, loss of voice, absence of pulse, excessive dyspnæa, and extreme prostration. By the evening everything had become worse. He could neither move nor speak, and the pupils ceased contracting to the presence of light. He was, in fact, quite insensible, and when lifted on the bed, for the purpose of making the injection, he exactly resembled a corpse. The dissection necessary to expose the vein was quite unperceived by him. By means of a glass pump four hundred grammes of water, at 40 deg. C. were injected at 5.30 P. M. The first result perceived was a little stronger pulsation of the heart, although the pulse at the wrist was as yet imperceptible. The next result was, that the respiration became deeper and less oppressed; and the third was an elevation of temperature. A thermometer kept in the mouth indicated, before the operation, 26.8 deg., and ten minutes after its performance it had risen to 30 deg. Lastly, immediately after the operation the patient complained, with a feeble voice, that he was thirsty. At 8 o'clock he was asleep, breathing quietly, the skin being moist and recovering its warmth. At 11 o'clock the thermometer indicated 34.8 deg., the patient having then become restless and vomited abundantly. By the morning of the 30th, he was able to rise and sit in a chair; the pulse still, however, remaining insensible, and no urine having re-appeared. The patient continued to improve, and on the 2d day of October he passed urine. He left the hospital on the 8th

of October quite convalescent, and eventually entirely recovered. *Med. News & Lib., January*, 1867.

This is certainly a very remarkable case, the patient having run down to the very terminus of life, and apparently just about to step into the stream,

"The narrow stream of death,"

When he was unconsciously wooed back again to life, through the agency of the Divine hand guiding and directing human instrumentality. Who would say that others might have been thus rescued from the very portals of death?

The rationale of this treatment is not obscure. The blood having become congealed by coldness of the system, the injection of warm water, rendering it more fluid, it was enabled to circulate again, thus gradually imparting warmth and relieving the heart from threatened suffocation.

When reaction is established the treatment must be made to conform to the variable morbid conditions presented, and must be guided by the general principles applicable to other affections; that is to say, apply proper remedies daily to existing circumstances.

The diet is very important. In the preliminary stages, crackers, boiled rice, milk, and light broths may be employed. When the disease is established, the diet should consist of mucilaginous and farinacious liquids, or very weak chicken or mutton water. Milk, in very small quantities, with lime water, sometimes proves both useful as food and medicine.

Much may be done to prevent the disease, or render the attack of it milder, as, 1st. By general cleanliness, the free use of carbonate of lime in and about our dwellings, the removal of all garbage and decomposing vegetable matter. 2d. The diet should be such as to preserve the digestive organs and the general system in the soundest possible state, so that they may be neither over-stimulated nor depressed. It should consist of a mixture of vegetable and animal food, thus obviating costiveness and the necessity for

the use of cathartic medicines. Habits of temperance both in eating and drinking are all-important.

It is nevertheless true, that sometimes the most prudent and careful are stricken down, while the intemperate and imprudent are spared. This was true of those who were attacked in the city of Bridgeton last year, as well as those in Cedarville. Some of the best citizens fell victims as speedily as did those in former years who were not temperate either in eating or drinking. Thus showing that no position in life is secure from its deadly attacks.

But we do not hold, neither do we believe, that such are as liable to be attacked with the disease, as those are who are addicted to the intemperate use of intoxicating liquors, and imprudence in diet, and other demoralizing practices. It is true that there are exceptions to all general rules.

But it may be regarded as a matter of history, that the particular class of people in any community, most liable to an attack of cholera, are those of intemperate and immoral habits, whose constitutions have been impaired by pernicious indulgences.

Hence it is of vital importance, that the use of intoxicating liquors, should as a beverage be discarded, and its prescription by medical men be discontinued, and only recommended as a dernier resort.

Thoughtful men are seeing with alarm the evident increase of intemperance, and of drinking habits in our country, particularly among the young. Not the least painful consideration connected with this fact is, that in the case of a large and growing number of both sexes, the appetite has been awakened and the habits formed from following medical prescriptions.

It is within the observation of all, that physicians more generally prescribe intoxicating liquors, particularly Bourbon whiskey, than formerly; but experience shows the danger of tampering with the poison. The motive for using it may be the best possible, but the effect is nevertheless unchanged, as multitudes of suffering familes are experiencing to their sorrow.

A prominent advocate for temperance and an eloquent preacher, has recently uttered this plain and timely word of warning: "I am aware," says he, "that a great change has come over medical men of late years, upon the subject of whiskey and whiskey drinking. It is not my purpose to undervalue their opinions, but I know that Bourbon whiskey is now prescribed a hundred times, where it used to be once. There are exceptions among our physicians—and I have in my mind physicians who seem to be growing more and more cautious about such prescriptions—but it seems to me that many physicians scarcely have any deep moral meditation upon their course.

"I am shocked to find," he says, "as I often do, how many men, how many young men, have had medical prescriptions of Bourbon whiskey given them. And more than that, unless I have been misinformed, there is a great deal more clerical drinking for medical reasons than there used to be. I have known a great many clergymen that were feeble in health and of poor digestion, and restless, after the taxation of their nervous systems, at night, and could get no sleep, for whom their physicians prescribed Bourbon whiskey; and in time they became very faint-hearted temperance men. I most earnestly call the attention of physicians to the ill effects that are rising under the peculiar circumstances in which we are placed for the authorization which they give for this pernicious practice." *Amer. Miss., January*, 1867.

Would that all the respectable physicians of our country would heed it.

And now, gentlemen, in conclusion, I thank you for your kind and respectful attention. I have addressed you upon this trite subject to-day, because I feel that it is one in which we all have been and still are deeply interested. My object has not been to present anything new for your consideration, but rather to rehearse those things which have been tried and proven in the treatment of this terrible malady. "Prove all things, hold fast that which is good."

Gentlemen of the Medical Society of New Jersey, may a kind Providence shower upon you all His choicest benedictions, strengthen you for the discharge of the arduous duties of your profession, and vouchsafe unto you a saving knowledge of Himself, so that when your sun of life is setting, and

> ——————"thy summons comes to join
> The innumerable caravan, that moves
> To that mysterious realm, when each shall take
> His chamber in the silent halls of death,
> Thou go not, like the quarry slave at night,
> Scourg'd to his dungeon; but sustain'd and sooth'd
> By an unfaltering trust, approach thy grave,
> Like one that draws the drapery of his couch
> About him, and lies down to pleasant dreams."

THROMBOSIS.

BY J. V. SCHENCK, M. D., CAMDEN.

THE experience of the profession is limited in cases of Thrombosis. But few have ventured to narrate the history of those that have occurred to them. The issue has been, no doubt, in the majority of cases, fatal, and the diagnosis so obscure, that but little incentive is given to their publication. Prof. Charles D. Meigs mentions the occurrence of thrombosis in parturient women, and speaks of that condition as the most favorable for its appearance, especially when attended with copious hemorrhage. Dr. Forsyth Meigs has published a very interesting list of cases of thrombosis occurring in diptheritic disease. These cases are interesting, and add much light to a subject so little described.

The victim, in the instance I have to relate, added intensity to the gloomy import of this mode of death's doings; she adorned the circle of which she was a member, and her household has lost its particular treasure.

The patient alluded to was delivered of a healthy and well-developed female child on Tuesday, the 5th of February last, at 9 o'clock, A. M. The labor was short and without complication. She had, previous to her confinement, enjoyed moderately fair health, but was easily prostrated by physical exertion. For some years prior to her death she suffered somewhat from a bronchial irritation. The patient continued to do well for four days following her confinement. She complained of some debility, but not of an unusual extent; no secretion of milk in the mammœ occurred. In her previous confinement she had suffered from painful mam-

mary abscesses; the apprehension of their recurrence induced her, without professional advice, to use a variety of applications to arrest the secretion in those glands. The lochia was abundant. The indications were all propitious until Saturday, the 9th of February, at 5 o'clock, A. M., when I was called in haste to see her. I learned that after complaining of a sense of chilliness in the extremities, she was seized with an intense, agonizing pain in the right limb, from the knee to the toes. On examination the leg was cold, and by no means sensitive to the touch. The pulse at the wrist small, and the action of the heart tremulous. I resorted at once to the use of opiates, with the happy effect of relieving the pain and rendering her comparatively comfortable. The free use of brandy seemed to restore the circulation to the right limb, and the action of the heart became more uniform. Nutritive food and stimulants were ordered, to overcome her extreme sense of feebleness. At 3 o'clock, P. M., of same day, the patient expressed herself free from pain, and seemed much more hopeful. The peculiarity of the attack and the attending symptoms excited in my mind apprehensions of impending danger, soon to be verified by sad reality.

On the evening of same day, at 7½ o'clock, pain returned abruptly in the right leg, and very soon in the same relative position in the left. The pain was sudden, intense and abiding. She writhed in agony; opiates were at hand and resorted to at once. The right leg, on examination, was found entirely ecchymosed, the left cold and clammy and of a leaden hue, but not ecchymosed. While examining the lower extremities, the patient suddenly cried out, "Oh, my arms!" The same pain, in all its intensity, seized her at that point also, embracing both fore arms. The pulse at the wrist was entirely gone, and the action of the heart irregular. The mind of the patient was clear, but oppressed with gloomy forebodings. The opiate, after some delay, began to show its effect, and the pain was considerably relieved; but active and energetic stimulants had no effect in restoring the flow of blood to the extremities. At

this juncture, Dr. R. M. Cooper saw the patient with me. The necessity of prompt stimulation was apparent, and we united in urging the administration of brandy, ammonia, beef essence, &c. At midnight, the flushed face and red lips of the patient, gave us some hopes of her rallying. On her countenance was still depicted great mental and physical distress. No premonition of immediate dissolution was apparent, however, and we entertained still some hope of her life. Her mind was clear, and there was no dyspnœa. At 2 o'clock, A. M., she abruptly expired. The day following a *post-mortem* was broached, but not acceded to. In the mean time a certificate for the undertaker being requested, thrombosis was given as the cause of death.

On the evening of the 12th a *post-mortem* was made; present, Drs. Cooper, Garrison, Troth, Peter V. Schenck and myself. We first opened the cavity of the chest, feeling assured that the fault was in the circulatory system. On opening the pericardium considerable effusion was found within the cavity. The size of the heart was very small, and elicited much remark; it probably did not weigh more than five ounces. After ligating the vessels attached to the heart, we removed that organ from the chest. Continuing the investigation, we removed the ligature from the aorta. A collection of dark coagulated blood escaped, and immediately following came a fibrinized clot, differing materially in color and consistence from that which preceded it, and in size about as large as an ordinary hickory nut, though more elongated. It may be described as a nucleus of fibrin, surrounded by a coagulum of blood; fibrous bands interlacing through this coagulum, making it firm and resisting to pressure. This clot was passed from hand to hand among those present, still retaining its form and consistence. On opening the left ventricle, the columnæ carneæ and semi-lunar valves were found studded with fibrous bodies of some size, showing that the thrombus that escaped when we removed the ligature from the aorta, had been torn from its attach-

ments at this point by the pressure of the hand in grasping the heart with undue force.

The examination of the heart disclosed an unexpected condition of that organ. On introducing a finger into one of the cavities, to feel for the existence of other clots, the muscular tissue of the heart gave way, and the finger could be seen externally with only the serous tissue intervening. All present tried the same experiment. The entire heart was found softened; the slightest pulling would tear, and the smallest pressure would destroy the texture. The investigation was not pursued beyond the chest. Some few tuberculous deposits were found in the lungs, but not softened or advanced sufficiently to take any part in the fatal issue.

In the case I have given, a history of the early indications were all calculated to inspire confidence. The physical condition of the patient for four days succeeding her labor was such as to allay every apprehension. The sum of the whole matter at this time was a simple case of obstetrics, occurring under very favorable circumstances. A sense of coldness in the extremities, with intense agonizing pain in the right leg, was the first symptom of threatened danger. A relief was experienced for a few hours, but then the same symptoms returned with increased violence and aggravation. The pain returned in both legs almost simultaneously, and in both fore arms entirely so. In the midst of as well directed efforts to relieve the patient as could be brought to bear, death suddenly and abruptly closed the scene.

The *post-mortem* verified the suspicion of a heart clot, and each one present ascribed the immediate cause of death to thrombosis. The occurrence of pain and the arrest of circulation in the right leg may have been occasioned by an embolus from the heart clot then forming, breaking off and being carried along through the circulation until it plugged the popliteal artery of that side. Embolism would scarcely account for the pain in the succeeding attack; emboli would scarcely plug each artery in the extremities simultaneously. Could not the single heart clot, in the position we found

it, account for the entire array of symptoms? The cause of pain and the actual pain is often widely separated. Distant morbific impressions may have affected the nerve centres, and here developed itself. Marked instances of metastasis may be seen in uterine derangements, as we all have occasion to know. The stomach presents its legion of sympathetic disturbances. The bladder has its intimations of derangements at points distant. The liver has been charged with all the ills that flesh is heir to.

The heart clot impeded the passage of blood into the aorta; the nerve centres felt the lack of a supply of the vital fluid and sent up their cry of agony. It was a living death. The extremities were pulseless, cold, ecchymosed, still the brain and lungs received a supply. There was no dyspnœa at any time, and the mind, as her questions and replies indicated, was clear and self-possessed. Suddenly the brain ceased to receive its supply of blood, and with an abruptness that added sad intensity to the shock, the patient ceased to exist.

The *post-mortem* lacked in minutiæ and extent, but was carried sufficiently far, in the estimation of all present, to develope the immediate cause of death in the thrombus clot. The remote cause may probably be found in the softening and atrophy of the heart. This condition, as the *post-mortem* showed, was well marked and decided. How much this had to do with the formation of the thrombus is left to those to decide who deem it worthy of the thought.

Instances of this sort are occurring much oftener than the profession have noted, and the relation of this case may accomplish some good, by attracting the attention of some one or more to the subject who are better able to give it the study it deserves.

THE PUBLIC HEALTH.

BY EZRA M. HUNT, M. D., OF METUCHEN.

It is my privilege to make plea before you in behalf of the public health. Such a subject, before such a body as this, needs no extended or artistic introduction. The very word, like the joyous laugh and the ruddy face of the country school boy, or the rounded cheek and better than vermilion flush of female beauty, should attract to itself with intuitive enthusiasm. Health! It means, so far as human comfort is concerned, the centre and the substance of all the sweet amenities of life; an indispensable prerequisite to the full success or full enjoyment of existence; the boon for which the languid sufferer sighs and longs with reachings-out unutterable, and the blessing which the happy possessor enjoys with a lusciousness that orator, or pencil, or poet cannot depict.

Disease! It means the sad sorrows and sufferings and writhings of pain; the bed-ridden deprivation from the enjoyments of life; the languidness of the walking invalid, with the energies of body, mind and soul restricted by the haltings of physical infirmity; the uncomfortable goadings of the mechanic, who feels he must work that the wife and little ones may have bread, and yet is nevertheless subjected to influences which enfeeble the arm of industry and restrict his capabilities of endurance.

The contrast is apparent at sight. Surely, all of us will join in saying that the very manhood which makes one at all a man, at once should elicit an interest in all that relates to such a subject. True philanthrophy calls upon religion; true sympathy calls upon benevolence; law calls upon sanitary science, and our profession

chimes in the utterance that it is the part of true wisdom to feel and act in this behalf, so far as may be necessary to remove recognized sources of disease; to mitigate the power of contagion; to enforce such laws of health as are fully settled; to give information as to existing evils and the methods of abatement, and to secure such statistical information as will instruct as to the origin and prevalence of influences prejudicial to vigorous vitality.

While the ancient Greeks appreciated the subject enough to erect in every city, from the purest of their quarried marble, statues to Hygeia, the goddess of health, that maidens might spread the gauze-like veil over her features of beauty, and matrons consecrate to her their flowing locks in signal of the tenderest care for the health of their offspring, we should not forget to propitiate and secure in our own behalf, the greater potency of those settled principles of public health, whose oracles are more responsive than the favor of dumb deities, and whose help is more available and reliable than theirs.

While ancient Rome had enlightened provision for the health of her citizens in aqueducts and baths, and drainage, and methods of sanitary police, which even yet may excite admiration and invite imitation, and while the most advanced kingdoms of modern Europe are now paying attention to the science and securement of public health, in a way that shows that those who have charge of the public weal can no longer fold their hands and shut their eyes as to governmental duty in this direction, it well behooves American legislation so to inform itself upon the subject as to enable it to diffuse such information and provide such laws as shall the better secure the health of the masses.

It is a happy fact, that the present is a time favorable to action in this direction. As a theory, health and the securement of health, by law as well as advice, has always been considered a good thing, but the difficulty was to apply the general principle in such a way as to make it practicable. It was like many other

themes of the past recognized as a principle having merit in it, but how to develop it into results was the perplexity.

But this nineteenth century is remarkable just for this very thing; that it knows how to put ideas in harness. The steam of the tea-kettle, which formerly had no practical force or meaning, except to tell the good house-wife when the water was boiling, is so attached to cars, steamboats, printing presses, and machinery in general, that we now could scarce obtain an idea of locomotive or mechanical progress without it.

Electricity, which flashed in the lightning and roared and rumbled through the thunder clouds as an awe-inspiring phenomena in Noah's day, and has ever since sparkled in the fur of cats, as an amusement to small children, is now so attached to human utterances as to have made the whole world its whispering gallery, and is the greatest speaker below the stars.

The same practical application of admitted principles has prevailed as to discoveries in ethics, in political economy, in social life, and to a very practical, although still imperfect extent, the grand generalizations and experiences of the past have come to be applied to great questions of moral, educational, political, social and sanitary reform.

So far as health is concerned, the great error both of individuals and governments, and I may also say of medical men, has been that they have looked with too great exclusiveness to the means of curing disease, and have not associated with it enough of the idea of prevention. This being the case, and governments feeling it to be their duty to do something to promote the health of the citizen, we find that legislation first took the direction of granting protection to the members of the "healing art." The theory was that inasmuch as the great method of securing health to the community was to secure men well trained to cure disease, none should be allowed to practice who had not been thoroughly schooled in this art, and this training had almost sole reference to the cure of disease, and thought little of its prevention.

Hence, such governments as those of Prussia, England and France, provided the most careful safeguards for this kind of education, and the United States, in its earlier history, followed precisely the same course. Especially was this the case in the State of New Jersey, where, by early statute and general consent, the people were well and thoroughly protected by such laws as provided for the thorough preparation of those to whom were committed the interests of the sick.

I do not here and now propose to vindicate the propriety of this course, but suffice it to know that all this has by legislation and otherwise been thoroughly changed, and that the medical profession have fully accepted the situation. So far from asking any special legislation or protection, by an act framed by the oldest and noblest Medical Society of the State, and the oldest of the nation, all laws conferring exclusive privileges have been fully annulled, and the only relation we now bear is that conceded to citizens or to any corporation engaged in the exercise of a lawful calling, and if interested in matters of social and sanitary reform more than the masses generally, it is only because in the exercise of our vocation these needs are presented oftener and more palpably to our eyes.

We now rely upon that self-protection which eventually accrues from the real merit of a profession or a science as sustained by results, while we also challenge for our calling the approbation of mankind, by making it the occasion for the vindication and assertion of those great principles of sanitary philanthrophy which are intimately blended with all that relates to social, civil, physical and moral elevation.

Our profession now more than ever before comprehends two general pursuits, viz: that which has to do with the treatment of disease, and that which concerns its prevention.

In a business and art cultivating sense, we have chiefly to do with the treatment, and from a low stand-point of observation it would seem sufficient for us to look after this, as this is the only department for which the people pay. Now, Doctors, innocent and

philanthropic as they are, believe in making a living, and hence it is not surprising that their attention is first directed to the treatment of disease.

He is considered a very model of honesty who, as a lawyer, endeavors to settle every cause in his office; to bring together both plaintiff and defendant in the spirit of private conciliation, to tell each all he knows about the process of law, and the merits of his particular case; and just on a par with him, only on a grander scale, are medical men, when instead of contenting themselves with attention to individual treatment, they grasp at exciting causes, and with outspoken facts and telling arguments beseech the people to avoid the sadder controversies of disease.

Yet as true science is always self-sacrificing, and as evidence is so often and palpably presented to the practitioner of medicine, that a large share of human malady is plainly and absolutely preventible, it is not surprising that the mass of intelligent physicians are always found enthusiasts as to sanitary reform, and those who are not, are only less active because they have not fully acquainted themselves with the potency and prevalency of abatable antagonists to vigorous vitality. Within the last few years investigations as to human life have, with many, taken the direction of inquiry into the causes of epidemics, and of unhealthy influences generally, and the result has been that definite facts have been obtained, definite views promulgated, and definite principles settled. Much indeed remains to be done, but this does not impair the validity of what is known, but is the great argument for the application of principles so far as settled to communities and States. The prevention of the spread and prevalence of disease, the best methods of abating its causes, the deteriorating influences upon society, and the methods of limiting them, and how to promote labor by removing from it, the incubus of ill health—these and other questions are not only points in sanitary science but in political economy, which are being studied not only by medical men, but by philanthropists of every grade, and publicists, and statists,

and statesmen of the highest reputation. The application of these principles has also been so far made as completely to settle their availability, so that in adopting them we are but acting on the well-tried experience of other countries and of other States, and therefore making no doubtful experiment.

The cholera as a recent visitation, will serve as an illustration of this fact. It is all the fairer to introduce it because it is one of those diseases the actual originating cause of which is not known, and one therefore which we combat under disadvantages, which do not attach to many other preventive efforts.

Yet while admitting that the cause is not yet detected, that specific remedies for it are not known, that the mortality from those under full seizure therewith is not even diminished, yet the medical profession, and in accord with them the French and English governments, and some of the American States, took the ground that it could be limited by proper sanitary police.

If the wise entomologist cannot prevent some pestiferous insect from depositing its eggs, the next wisest thing is to break up the nest, so that they may never be hatched, and although the prevention of the laying would be a little grander, as a logical method, yet the result is precisely the same.

And so with cholera. Health Boards, where they had the power, went upon the principle that if the seed could not be detected, we would at least attack the soil in which it was wont to sprout, and prevent its germination. New York tried that experiment under great disadvantages, and the result is a demonstration. So far as London and Paris followed the same methods, they attained to some results. St. Louis and Cincinnati trusted to the force of circumstances, and buried over three thousand with cholera, and suffered by tens of thousands in business reputation.

A single instance in New York city will suffice: On the 28th of July cholera appeared suddenly and fearfully, as an epidemic, in the Work-House on Blackwell's Island, and assumed its most malignant type. Up to the 6th of August, a period of nine days, there

were, among eight hundred inmates, one hundred and twenty-three deaths.

"On Wednesday, the 1st of August, when the epidemic was at its height," says Professor Frank Hamilton, "I gave my pledge to the Board of Health that I would drive the cholera from the Work-House in from three to five days. I said this in no spirit of boasting, but in simple reliance on the well-known and established laws of hygiene. The Commissioners executed literally and promptly every order which was given. The epidemic began to decline from the day they were fully carried out, and on August 6th, the pledge was redeemed. The inmates were distributed, as far as the vacant places in the building would permit; the cell doors were left open at night, the night buckets were supplied with disinfectants and left outside; the women's cooking rooms were converted into hospital wards, and the women were kept out of doors from morning until night; corn meal and molasses were taken from the table, and coffee, tea and vegetables were added. A variety of disinfectants were employed freely and constantly in every vessel and closet which received the excreta; even the excreta from the stomach were disinfected immediately after they were received into a vessel or fell on the floor; stoves were placed in each hospital ward to insure a draft; all windows were kept open night and day; the clothing taken from cholera patients was sent directly to the boilers; a ward was established for patients with the diarrhœa, and the value of this measure is shown by the fact that, of the large number received into this ward, only one died."

Over and over again have the same series of facts as to cholera been illustrated, and with a uniformity of results that convinces all who have paid attentiou to the subject. A similar series of consecutive evidence obtains as to various other diseases.

In many parts of continental Europe vaccination has so much settled into an indispensable necessity, and is so enforced by legal provision, that small-pox has almost entirely disappeared.

The average of Northern Europe, where it once prevailed, is now about two or three from small-pox to every one thousand from other diseases, and from the city of Copenhagen it was so thoroughly banished, as that a single death from it did not occur for thirteen years.

The city of Boston has reported as low as one death in a year, and during the entire period of thirty years in which a strict law as to vaccination was in force, only thirty-seven deaths occurred. In 1836 that law was repealed, and in the next twelve and a-half years they reported six hundred and seventy-nine deaths from small-pox.

In the city of New York during the last sixteen years, ending with 1864, there were over six thousand reported deaths from this disease, when every physician knew that proper vaccination would have prevented not less than five thousand eight hundred of them. In 1865 the corps of Sanitary Inspectors of New York, in the course of a few days, obtained evidence of over fifteen hundred cases of the disease.

The results which have followed enforced vaccination in Massachusetts, in Baltimore, in Providence, and more recently in New York city, demonstrate what had been over and over again demonstrated on the continent and in Great Britain, viz.: that there are deaths by thousands and sicknesses by tens of thousands yearly from this disease that are wholly preventible. It is not because of the inefficiency of the protection, but because of neglect in its application, and this is because it has been left too much as a matter of private concern, when the public good and the public's rights—which every citizen has a right to claim from every other—demand the eradication and annihilation of the disease; yet in New Jersey it has been an epidemic within the last five years in five counties of the State, and has numbered its victims by hundreds.

The fact that typhus fever owes its origin to disregard of plain and recognized laws of health, is no longer a question among medical men, and the fever nests of filth and vice generate a poison

which not only lurks in these abodes, but is often carried by the inmates to the places of public mart, and transported to the homes of comfort and wealth.

In the year 1864, eighty cases of typhus fever occurred in one of the packed tenant houses near Stuyvesant square, and multitudes of cases occurring in various localities were traceable to fever nests kept incubating by means of existing local evils.

(For these, and other and fuller facts, as before referred to, see Sanitary Report of the Citizens' Association of New York, 1865.)

An unmistakable connection has also been recognized between what are known as typhoid fevers and local influences capable of prevention and abatement.

If we turn to the large class of diseases having to do with the breathing apparatus, we find that consumption, and a large proportion of lung affections generally are originated or fostered by the foul air and imperfect food of packed and squalid wretchedness, and those in higher grades of life often succumb to those secondary influences, when a different location and different circumstances would have rescued them.

Over and over again do we see such a disease as croup resulting from modes of sleeping, from imperfect ventilation, and from the various causes that deteriorate the purity of wholesome air, and that in houses which admit of proper heating and ventilation.

If we notice the large class of bowel and diarrhœal affections which number their victims by so many thousands, we find that the most prevalent varieties are induced by causes which are controllable.

The ablest European and American sanitarians now generally classify not only the above named maladies, but scarletina, measles, diphtheria, hooping cough, erysipelas and puerperal fever among zymotic or foul air diseases; in other words, as maladies whose occurrence, intensity and fatality are largely dependent upon local and avoidable influences.

The triumph over scarlet fever in some of the wards of New York city, last winter, by the use of hygienic measures, was no less demonstrative than the success against the cholera in the summer.

I need not remind you how large a per centage of deaths occur from these diseases, how they invade the country as well as cities, and while they nestle and acquire force and malignancy in the crowded houses of the poor, they not unfrequently stalk out with deadly tread, and claim their victims by hundreds and thousands from the homes of comfort, and amid the insignia of wealth. It is not by special epidemics, such as cholera and yellow fever, that the masses are hurried to the grave, that labor is enfeebled, that capital is paralyzed, so much as by those silent and ever potent influences which make themselves felt in these more usual channels, and which with stealthy and quiet depression, sap the foundations and drain out the substance of vigorous life.

Rushing mighty winds and raging storms attract our notice most, but gentle rains, noiseless dews, and the ten thousand silent forces of nature are the chief and master workers in elaborating the utilizing and sustaining products of human life. What is true of the general dynamic forces of nature, is equally true in contrast, of the sad adynamic forces of disease.

These epidemics are often but demonstrative exhibitions of the more declarative, malignant influences, attracting attention by their suddenness and severity, while the every-day ailments, fostered by constant and persistent, stealthy aids and abettors, make up the aggregate of the bills of mortality.

As he is the wisest practitioner who, instead of spending all his time in watching for anomalies, is ready to meet the every-day ailments of human life, so that community, and city, and State is wisest which, instead of waiting for epidemics to remind it of the daily doings of disease and death, provides, all along, for the prevention of prevalent and pervading recognized causes of daily occurring ailment. Some have already adopted this method, and so satisfactory has been the enactment of even stringent measures in

these regards, that out of manifold examples we have not, so far as I am aware, a single instance in which health reform, on the basis of defined legal enactment, once fairly begun, has been abandoned, but many instances in which, after thorough trial, odious measures have become popular, and been sustained by the conferment of additional power.

Under direct sanitary measures Great Britain records the following change as to death rates:

London,	from 50	per 1,000	to	- - -	24
Liverpool,	" 36	"	"	- - - -	24
Manchester,	" 37	"	"	- - -	27
Glasgow,	" 33	"	"	- - - -	27

And in like decrease for other towns.

Special wards or districts, and even special houses have, under sanitary police, shown just as decided, or uniform a diminution. (See report of Council of Hygiene, New York, 1865, and weekly reports of Dr. E. Harris, 1866 and 1867.) In one ward in New York city the uniform death rate has been 1 in 60, while in another it was but 1 in 22, and sanitary examination shows adequate, and to a large degree abatable causes.

"So uniformly did a diminution of deaths follow in the United Kingdom, under the Public Health Act, that not only has the Social Science Association of Great Britain made it a prominent specialty, but voluntary local societies were formed in various localities, which have done much to aid the government in popularizing stringent sanitary laws."

Now it must be remembered that every case of death represents not less than twenty-five cases of sickness, as computed from statistics on a large scale, and we thus still more magnify the value of this reform.

It must also be remembered that every case of sickness represents an average of ten days of lost labor, and if the sickness be that of children, by the expense and the demand made on the time of others, it belongs not the less to the unprofitable expenditures of disease. We

thus form an idea of the tax which all manner of disease levies on the industrial and material interests of society, while philanthropy plaintively declares that the higher argument of alleviating human sorrow, and of overcoming human degradation ought to be enough. Indeed, if we will but only think of this whole subject, in the view of facts, and what we ourselves may see and know, we seem almost to be dealing with axioms, when we attempt to demonstrate the necessity of that action which the plainest common sense itself commands.

Even the general public ought scarcely to need the array of facts to teach them that lungs, intended for pure air, and blood, needing good oxygen, will not be satisfied with air loaded with the unhealthy gases of disorganizing material; that the stomach will not properly feed the whole inner man, if at the base of supplies is crowded in the coarsest and the most objectionable of food; that the brain and the nervous system will not keep up the delicate harmony of their magnetic thrill, when cheated of appropriate pabulum; and that manhood will not sustain itself physicaly, intellectually or morally, when subject to influences utterly at war with the plainest axioms of sanitary economy.

While all are ready, however, to admit, in general terms, an existing connection between disease and such marked influences, very few realize the degree or extent to which human ailments are preventable. The bills of mortality of large cities which are now being more carefully regulated and compared than heretofore, show that a very large per centage of deaths are owing to preventable diseases, and examination as to less fatal sickness and its connection with anti-sanitary causes, develop a similar result, only multiplied by the larger proportion of cases. If the days of the years of our pilgrimage are three score years and ten, we see no good reason why the average of human life should fall so far below twenty, and why hecatombs of children should be sacrificed under the age of five.

Sanitary science is no longer a subject for doubtful disputation;

not one about which even the different denominations of doctors differ, and the application of its principles, suggested by reason and supported by practical experience and classified results, fully attest the necessity of its application, wherever men are associated, or wherever human life seeks to be sustained.

The great practical question is, How shall the knowledge already obtained be made available? How shall the tens of thousands of lives now sacrificed by preventable disease be lengthened? How shall the land be delivered from pestiferous influences which are silently at work desolating and destroying life in a country where, beyond all others, life is valuable—where the estimated importance of each man, even as a piece of machinery, is over one thousand dollars; where the importance of his intellect, astir with all the energies of a progressive nationality, is beyond estimate; and where his moral susceptibilities and influences are capable of a glorious and yet to be glorified expansion.

1st. The result can only be obtained by the enactment of such laws as will confer power to enforce the well understood principles of sanitary and hygienic reform.

2d. These must be pleaded for by those who, as medical men, or as observing philanthropists, are alive to such needs.

3d. Such information must be diffused, and such facts presented from time to time to those concerned, as will enable them to appreciate the value of such provisions.

I name the enactment of law first, because it is, necessarily, the basic structure upon which the value and success of the other agencies depend.

The pleadings of physicians and sanitarians may open the eyes, but cannot, without legislative aid, apply the remedy and secure the results. The ultima thule of all philanthropy is to secure an act, or enactment, a legislative order, a law.

All philanthropy which attempts to be self-sustaining will ultimately fail, or be restricted in its results. In vain do Howards travel through prisons, or such women as Miss Dix, seek out the

demented, or a Miss Nightingale learn in fever wards how easy it is to prevent the disease, but how difficult to cure it, unless their pleadings lead law, with its majestic hand, to take hold of the home manufactured diseases which victimize its great client constituency, the people, and with its majestic ægis, and its wand of magic right, bid them avaunt! begone! not like a wierd enchantress or a witch, but like a Hercules, never grander than when he cleared the Augean stables of their filth; or, like an Epaminondas, never more of a man than when he delivered his city of the causes that killed its men by stealth, and elevated their physique, their strength, and so their minds, their souls, and thus made prowess for his commonwealth and glory for the world.

Moral suasion and information will not keep people from crime, unless aided by law; nor is it any more reasonable to expect that good advice will cleanse the loaded air, the reeking gutter, or other sources of disease. Nor can information be generally diffused, unless provision is made for its circulation. I am not of those who believe in enforced law, which does not in due time secure the general sentiment or sanction of the people; but law is a great educator, and makes more of the material of moral suasion than is manufactured by any other agency—and it is often needed to be in advance of public sentiment. This is especially the case where it is aimed at nuisances which are considered by the persons concerned profitable or convenient, and in such cases the only means to obtain results, is to enact the laws, with the law furnish the evidence of its need, and by the results accruing from its enactment, illustrate them. Thus you at length bring up the standard of education and of duty, when effort by either alone would be utopian. Let the Legislature of New Jersey, or the municipal authorities of any great city, such as Newark, give to competent officers the means of thoroughly carrying out the admitted principles of preserving human health, and the death rate of your city, from being one in forty-two, ought soon to fall as low as one in sixty, and with a proper provision for publishing condensed facts

and deductions as to health, your alleys and tenements would be freer from disease, your market properly ventilated, deleterious gases neutralized, deleterious trades guarded by antidotes, epidemics more fully controlled, and the blessed wedlock of labor and capital so auspiciously plighted in your city, would bring forth more abundantly, and fill the land with its health sustained and augmented fruitfulness.

And why should not legal enactment take fast hold of this whole subject? Why should disease any more than other felonies be permitted to run riot by day time and moan, and lurk by night, when not less than one-half of it can be prevented? Is the privilege of dying before one's time so precious, or the murder of the innocents so much a private right that it must not be interfered with? Is pain and sickness so human a thing that it is inhuman to constrict it? Are labor and health such immaterial interests, that they are not to be guarded by law to the full extent of information as to their requirements? Is it right that many of our cities are without any health boards at all, and that many that have them, so subject them to the overruling power of political superiors, that they are comparatively useless?

Newark, Jersey City and Camden are the only cities, I think, in which municipal provisions are at all up to the standard of sanitary reform, and yet none recognize more than the physicians and intelligent lay sanitarians of these cities, how much remains to be done in them.

But while many admit the importance of more efficient sanitary regulations in cities, there are those who are disposed to leave the villages and the general country to take care of itself, on the ground that, in rural districts and smaller towns, no causes of disease exist which are not recognized and overcome without process of law.

But facts do not sustain these views.

The report of two or three hundred cases of small-pox in Newark or Trenton, makes indeed the large impression on the public ear which numbers always make, but is in reality no more serious a

matter than the occurrence of five unnecessary cases in a small country town. In its proportion, and even a little more than its proportion, the prevalence of scarlet fever, diphtheria, cholera, small-pox, typhoid fever, measles, or such like diseases in a country place, excites popular dread or apprehension, because the cases are more fully known and apt to be more exaggerated.

Nor is it alone in large cities that epidemics or zymotic diseases find lodgment. It was at Windsor Castle, and not in the heart of London, that Prince Albert contracted his fatal typhoid fever, and the great statesman of Italy died of congestive chill, which had its origin in the country.

In our smaller villages there are often more private sources of nuisance that need removal, or in reference to which the people need to be instructed. I have known typhoid fever to prevail in country towns and in the vicinities of cities, and even to be localized in some particular neighborhood or house, and to follow successive families, and only to disappear after a general cleansing of what had been regarded as healthy premises.

Cholera appeared in South Amboy not less virulently than in Elizabeth, and yet as the former is a country town, it had no method of sanitary police, and it was only by the prompt agency of physicians, and the assistance of the Camden and Amboy Railroad Company, that reform was effected. The very bed on which a cholera patient had died, was sold at auction in less than twenty-four hours, and no one in the town but a resolute physician who, at his own risk, ordered it to be burned, had the power to prevent it. Just such cases may occur in Plainfield, Newton and many other smaller non-incorporated towns. The large class of miasmatic diseases have to do with the country more than with the city, and the whole subject of drainage is scarcely less important in reference to rural districts than to cities. The diffusion of information as to public health, is in its proportion as important to the country as to the city. I have seen, as has every country physician, houses and bed rooms so closed and fired up in winter in the

open country, that the inmates suffered from defective ventilation; cellars, that with dampness and decaying vegetables were breeding the causes of depressed vitality, if not of fatal sickness; privies and outhouses so imperfectly constructed that they failed to concur with the conditions of health; slaughter-houses so offensive that all the neighborhood complained, and yet so difficult to reach by the slow and expensive process of present law, that they were practically unabatable; poor-houses situated in country districts that need the application of hygeinic measures; mills and bone boiling establishments, and poudrette factories, located outside of city limits, and yet recognized sources of ill-health to the vicinities; and so we have abundant evidence that while the country does not need the aggregate of attention bestowed upon cities, yet it, too, has sources of disease which need abatement and information, and in its comparative degree must be regarded.

In fact, in order to keep cities healthy, we need to make the country as healthy as possible, because the intercommunication between city and country is such that both in their proportion need to be protected. If by law all the slaughter houses and bone boiling establishments are expelled beyond city limits, even that is better than to leave them in the crowded town; but if, when they move to the country, they find there a preventive law, the result is that it, too, is delivered from its diluted but still real evil, while as a result, the slaughter-house give way to the *abbattoir* and the bone boiling process has applied to it such laws of chemical neutralization as render it innoxious and harmless.

Especially in such a state as New Jersey, where cities touch towns, and towns, villages, and the villages are almost in speaking distance, it is vain to talk of proper protection of cities without extending modified power over sparser localities. If you will take a nucleus of twelve miles from every city of our State, you will embrace its entire length, and the time is not far distant when this will embrace also the breadth; and yet Yonkers, twelve miles from New York, was embraced in the sanitary district of New York

city, while Jamaica and Hempstead, towns quite distant from the city, petitioned with great unanimity to be included.

It is a good thing to have a law which protects a city within its limits, but it is a great misfortune if at a point just outside, and of unavoidable communication, they can have a small-pox, cholera or fever manufactory, in full blast.

Besides, in order to arrive at instructive results, and to secure the value of vital statistics, we need a thorough knowledge of the rates of mortality, and the tendencies of disease in the country. Thus, when we find the rate of deaths in Berkshire County, Massachusetts, about twenty to the one thousand, and study the ages and causes, and so with other districts, we have grounds of comparison for cities. Our present system of vital statistics is so utterly valueless, that I am justified in saying that our State wastes in this direction several thousand dollars annually, and unless they are systematized and made available in some other way than at present, I hope that the effort to collect them will be abandoned. Our present Secretary of State recognizes this defect and is not accountable therefor.

But, gentlemen, I will not longer trespass upon your valuable time, or upon the courtesy which has invited me to present this subject to your consideration. Those of you who are alive to the evidence which each year is more fully affording, that we should earnestly study the art of prevention as well as the art of cure, will excuse me for stirring up your pure minds by way of remembrance; and those who have not turned particular attention in this direction, will, I trust, be led by this imperfect survey to look more thoroughly into the whole subject. It is grand to meet sickness and to cure the maladies which we find developed, but it is grander to remedy morbid causes instead of morbid effects, and with the kindred desires of philanthrophy and learning, to reach out in behalf of the dissemination of those correct views of human life which enable us to dry up some of the sources of human ailment. Reform in this direction must find its first and firmest friends

among the practitioners of medicine, and have, as it then will, the aid and countenance of all those who as civilians take broad and intelligent views of those conditions of health which are necessary to promote the welfare of the State no less than that of the citizen. As health is one of the first conditions of physical or intellectual progress, and has to do so intimately with the social and productive interests of a nation, those not of our profession will not fail in the face of facts and reasoning fairly presented by yourselves, to become the advocates of such general measures as will secure the desired results. It was Chadwick, of London, who in his relation to the middle classes, took the ground that the best way to dry up the fountains of crime which filth and foul air augmented, and make labor and capital to the highest degree productive, was to elevate the masses, and insisting upon the value of surroundings favorable to physical health he provided for them homes, free from these vitiating influences. In a word, he improved their condition for health, and found that with this the tendency to vice abated, and that moral and mental followed physical and social elevation. More recently, Alderman Waterlow, of London, has made princely outlay for establishing improved dwellings for the poor, and well-conducted lodging houses for laboring men; and our own noble Peabody, in the munificence of his princely patronage, did not forget among his earliest benefactors to make a large appropriation of 750,000 gold dollars in the direction of sanitary reform. It is safe to be the instigators or abettors of such philanthrophy, and in pleading for such general laws as shall secure the application of the best devised and well understood principle of sanitary science to the prevention or limitation of disease, we, in our honored sphere as physicians, promote the common welfare of the whole people, and thus do our part in this grand advance of civilization, and in intelligent attention to the material interests of society.

Arnulph was the son of a physician, and was preparing himself for the calling of his father. One day he came to his father and said, "Father, let me go into the cloister and serve God." His

father said, "Thou dost well to serve God. As a physician thou mayest serve Him and thy fellow-men also."

That night Arnulph had a vision, and lo, an angel, with each hand full of roses.

"And why," said Arnulph, "are the roses in thy left hand scentless? Those in thy right hand are full of fragrance."

And the angel answered, "In my left hand are the offerings of those who would serve the Heavenly Father without serving His children. In my right hand are their offerings who serve God and serve their fellow-men. As a physician thou mayest serve Him and thy fellow-men also."

To a high and noble department of such service, it has thus been my privilege to call your kind attention.

THE FIRST FIFTY YEARS*

OF THE

District Medical Society of Essex County.

BY J. HENRY CLARK, A. M., M. D.

"*Ars Longa, Vita Brevis.*"

Perhaps there has been no era in this world's history so thoroughly written up by the cotemporaneous historian as the present. It is one of the important purposes accomplished by the District Medical Society to perpetuate the lifetime acts of those who were faithful to the obligations which rest upon the honest inquirer after truths which shall bless mankind. It is our business to record for future reference, and compare all that seems like progress in the great work of prolonging human life, or mitigating human suffering.

BACK TO THE ANTE-REVOLUTIONARY PERIOD.

If we take a glance backward from our standpoint upon the threshold of this enterprise into the darkness and obscurity of the preceding semi-centennial period, it will become the more apparent that organization is essential to the preservation of historic record.

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* *Extract from the Minutes of the Semi-Centennial Meeting of the Essex District Medical Society, April*, 1866.

Resolved, That the thanks of this Society be tendered to Dr. J. Henry Clark for his very interesting and valuable historical paper, and that he be requested further, to perfect it, and to furnish a copy of the same to the Standing Committee of the Medical Society of New Jersey, for publication in their volume of Transactions."

In order to bring up our history to the starting point, let us pause awhile, and rub off the mosses gathered on ancient tombstones. Let us examine old documents, and talk a little with some of the lingerers of antecedent generations.

In 1664 the site of Elizabeth was purchased of the Indians. In 1669, under the Berkley and Carteret grant, a settlement was there made. Elizabeth and Newark seem to have been settled to some degree during these years by emigration from Europe, and also from Long Island and New York. Newark, however, is scarce known until settled by a colony from Milford, Connecticut, in 1666. Thus Newark had a New England origin, while Elizabeth was settled to a considerable degree by English emigration. We do not learn that any physicians were imported in any of these colonies. The Doctors Morse, Burnet, Barnet of Elizabeth, Clark and others of Newark, were unquestionably descended directly from those who landed with Philip Carteret, the first Governor of New Jersey, in 1669. Many of the physicians of Newark probably descended from New England ancestors.

With this intimation of the earliest data, we proceed to record the names of physicians as nearly as possible in the order of the dates.

During the earliest period of medical record in Essex County, we find clergymen performing the double duty of caring for the physical and spiritual interests of their flocks. We find Pierson in 1667, Dickinson in 1707, Derby in 1750, and Grover in 1780, practicing medicine respectively in Newark, Elizabeth, Parsippany and Caldwell, and also filling their pulpits. We have therefore reason to believe that the earliest Doctors were also Pastors.

ABRAHAM PIERSON

came to Newark from Brantford, Connecticut, with his church, in 1667. He came an old man. A new church was built soon after his arrival, thirteen feet high and twenty-six by thirty-four on the ground. To its construction the town voted thirty pounds. An

"Inn Keeper" is appointed by the vote of the town, but no mention is made of a physician. Rev. Abraham Pierson, D. D., came from England to Guilford, Connecticut, in 1665. He is spoken of as a man of "learning, wisdom and piety." He was the first pastor of the First Presbyterian Church in Newark. He is said, like many clergymen of his day, to have added the practice of medicine to his other duties. His salary was eighty pounds a year, about two hundred dollars, and as "perquisites" one pound of butter from each "milch cow in the town," and the never-to-be-forgotten Lord's half-penny. He died August 7th, 1678.

JONATHAN DICKINSON

was the first President of the College of New Jersey, then located in Elizabeth, and he was also pastor of the First Presbyterian Church in that place. From 1708 on to 1747 he was a practicing physician, and had considerable medical reputation. He died at Elizabeth, (then Elizabethtown) October 7th, 1747, in the 60th year of his age. It is said of Rev. Jonathan Dickinson, D. D., in Dr. Murray's notes concerning Elizabeth:

"His must have been a life of great activity and industry, when it is remembered that in addition to his duties as a pastor and teacher and farmer, and the studies imposed by his numerous and ardent controversies, he was a practicing physician, and obtained considerable medical reputation. So devoted was he as a minister, so untiring were his efforts to do good, so discriminating and powerful was he as a preacher, so dignified and bland were his manners, so ardent his attachment to the truth, and so firm and cogent was he in its advocacy, that his memory yet is inestimably precious."

The business of the western and northern parts of Essex County was done then as now, mostly by physicians who resided in Morris County.

JOHN DARBY.

Cotemporaneous with Rev. Dr. Dickinson, of Elizabeth, was Rev. John Darby, of Parsippany, who practiced on the western

borders of Essex County, and also preached the gospel. He was a Presbyterian minister. We are indebted to Dr. R. V. W. Fairchild for the following history of the physicians who have practiced medicine on our western border from the ante-Revolutionary period:

"John Darby, during the Revolution and afterward, followed the two-fold avocation, at Parsippany, of preaching the gospel and practicing medicine. He supplied the pulpit on Sunday, and practiced medicine during the week. He first studied theology, and afterwards studied medicine. He died in 1805, aged 80 years.

HENRY WHITE DARBY,

the son of John Darby, graduated at one of the Eastern colleges. He afterward studied medicine, and practiced at Parsippany. He was five feet ten inches in height, had blue eyes, was rather spare, and raw-boned. He had a talent for painting and drawing. He was a scholar and great wit, and a lover of fun and frolic. He was cotemporary with John Darcy and John C. Budd. The three frequently met together socially, and there are many amusing stories still related of them. Henry W. Darby died December, 1806, aged 48 years.

PETER VREDENBURG

succeeded Henry W. Darby in 1807, and removed to Somerville in 1810. He sold his practice to

CYRUS HARTWELL,

who died of consumption, February 9th, 1816, aged 32 years.

STEPHEN FAIRCHILD

was a surgeon in the war of 1812, and was at the battle of Queenstown when General Brock was killed. He came to Parsippany February, 1816, and was cotemporary with Jeptha B. Munn and John S. Darcy while he practiced in Morris County. Timothy

Kitchell practiced with John S. Darcy in Hanover, and succeeded him in practice there."

Dr. Fairchild has practiced medicine in Parsippany over half a century, and now at 75 he still wears the harness, assisted by his son, who kindly furnished us the above facts in history. He participated in the battles of "Lundy's Lane" and "Queensboro." He was a graduate of the University of Pennsylvania, and is the oldest practitioner in Morris County.

SAMUEL WURTS.

During the Revolutionary period the northwestern part of our county was ridden over by Dr. Samuel Wurts, of Montville. After over half a century of labor, from 1785, he died in 1835, aged 75 years. A portion of his field is now occupied by the excellent and venerable Timothy Kitchell, of Whippany, who at three score years and ten still lives in the saddle. May he long live on to be useful and beloved.

The eastern portion was formerly served by James Orton, the venerable father of J. D. Orton, Esq., of this city, who has retired from practice.

JACOB ARENTS.

It would appear that a Hollander by the name of Dr. Jacob Arents was naturalized in 1716–17. We learn from old deeds and incidental evidences that he practiced medicine in Newark from that time until about 1750.

GERARD JOHN SCHUTTS.

The name of Dr. Gerard John Schutts also appears in 1730. Nothing of him is known. At this period New York was settled by Hollanders. Those gentlemen, and probably others, drifted over into New Jersey from the Island of Manhattan.

WILLIAM BARNET

was an Elizabethtown physician in 1770. Dr. Barnet built and

lived in the house which was owned and occupied by the late Gen. Scott. His house was repeatedly sacked by the British during the Revolutionary war. He once saved his life, which was eagerly sought, by concealment in his barn. He died December 1st, 1790, aged 65 years. He introduced vaccination into Elizabethtown. He vaccinated Miss Jelf, who lives in Elizabeth, a relative of Dr. Chetwood, now over 101 years old. She says that he was a jovial man, and that he had a very large practice. The large ancient willows in front of the General Scott place, originated in some slips brought from France by Dr. Barnet's nephew, and which were set out by the Doctor personally.

PAUL MICHLAU

joined the State Medical Society in 1772. He practiced in Elizabethtown. The following is a copy of one of his bills:

BENJ. WINANS, SR.,

To PAUL MICHLAU, *Dr.*

1790.				
July 15	To blistering Plaister, - - 2s			
	Extract of Saturn, oz. i. - - 2s			
	Turner's Cerate, oz. i. - - 6s			
	Peruvian Bark, oz. ii. - - 6d			
	Calomel Pills, No. 40, - - 10d-	£1	6	0
" 15	To dressing 3s, 20th. dressing 3s, -	0	6	0
" 22	Dressing 3s, 23d, dressing, 3s - -	0	6	0
" 26	Extract of Saturn, oz. 2s, 24th, dressing 3s	0	5	0
Aug. 5	Dressing 3s, an issue 6s, 7th, dressing 3s	0	12	0
" 15	To a blistering plaster 2s, extract of Saturn oz. i. 2s, Turner's Cerate, oz. ii, 2s	0	6	0
" 20	Peruvian Bark, oz. 2, 6s, Calomel Pills, No. 40, 10s, Glauber Salts, oz. 2, 4s, 18th, dressing, 3s, - - - -	1	3	0
" "	—Dressing 3s, 22d, dressing 3s, 29th, dressing 3s, a large blister plaster 4s, -	0	13	0

Aug. 30—Dressing 3s, Sept. 1, dressing 3s, an issue 4s,	0	10	0
" 31—Dressing 3s, dressing 3s,	0	6	0
A decoction of Peruvian Bark, 8s,	0	8	0
Dressing 3s, 17th, dressing 3s,	0	6	0
" 23—Dressing 3s, decoction of —— 8s, expectorant mixture 6s,	0	17	0
Dressing 3s, 27th, dressing 3s,	0	6	0
	£7	10	0

This bill amounts to $18.75. It is made in "York Shilling currency," which has not yet fully passed out of use. The next generation will know nothing about it.

Dr. Michlau was the earliest to suggest the formation of our Society, and deserves historical remembrance. He was so unfortunate as to think in advance of his time, and was persecuted by those who preferred the easier method of drifting with the current. There were heresy hunters in that day as in this—men who belittle the science, who cramp its capabilities and retard its progress by opposing inquiry, not being willing to grapple with new methods, which do not agree with their own opinions or prejudices. It is manifest that successive generations change little; but each develop the same human nature, the same prejudices, and their acts are stained by the same disposition to uncharitableness.

At a meeting of the New Jersey State Medical Society, held at New Brunswick November 2d, 1790, Dr. Michlau is charged with organizing a Society in Essex County. It is thus stated in the minutes: " *It being represented that Dr. Michlau has taken an active part in designating and establishing a Society in the County of Essex, new and independent of this corporation, and the Board deeming his conduct as a member of this Society very reprehensible*, order that the Secretary write to Dr. Michlau, and inclose him a copy of this minute, and require his attendance at the next meet-

ing to answer in the premises." We find no more in the minutes on the subject.

WILLIAM TURNER.

The oldest Newark physician of whom we find any definite record is William Turner. He studied medicine with Dr. N. F. Pigneron, a Frenchman from Province d'Artois, who settled in Newport, R. I., in 1690. A son and grandson of Dr. Turner, who was born in Newark, became a physician and studied medicine with Dr. Jabez Campfield, of Morristown, N. J. Dr. Turner was a member of the Vestry of Trinity Church, somewhere between 1740 and 1750. We know little more of him except that he had three wives, and that he thus laments in letters sculptured upon a tombstone in the old burying ground, the loss of the second wife, who died at sixteen years of age:

"God dealeth just, none may complain,
Though Turner's left alone again."

JAMES FARRAND,

from Milford, Connecticut, practiced medicine near the Stone Bridge, in Newark—*then the court end of the town*—in 1747. He died March 7th, 1764. We find sandwiched in at about this period, the names of

EDWARD PIGOT AND SAMUEL JOHNSON.

The latter died August 7th, 1770, aged 36 years. We only know that they practiced medicine in Newark.

DR. DEANCY

is a name that appears in 1748, among our early Newark physicians.

We now get nearer the period of definite record.

JOHN GRIFFITH

practiced medicine in Rahway at the time of the formation of the

New Jersey State Medical Society. He took an active part in the organization of the Society. He was elected President in 1790.

Cotemporaneous with Dr. Uzal Johnson, in the earlier part of his practice in Newark, we find

THOMAS GRIFFITH,

the son of Dr. John Griffith, of Rahway. He preceded his brother-in-law, Dr. Abraham Clark, who married his sister Lydia, the eldest daughter of Dr. John Griffith, of Rahway. He was also a brother of Judge William Griffith, of Burlington. He was born in 1765. He seems to have been a man below the medium height—about that of your historian—although stouter. He was the principal physician of the village of Newark. In 1787 it had about two thousand inhabitants. He was elected a member of the State Society in 1787. We have met a man whom he inoculated for small-pox in childhood. He lived in a very low two-story stone house, which, at his death became the property of Caleb S. Riggs, Esq. Mr. Riggs built a house on the site, which was afterwards remodeled for a residence by the late Hon. William Wright, and is now occupied by his son, Edward Wright, Esq., and is situated at the head of Park Place.

He died at Elizabethtown December 11th, 1799, at the age of 34. Rev. Drs. Ogden and McWhorter officiated at his funeral. He is spoken of as "universally regretted," as "liberal," a "kind physician, an eminent surgeon," as modest and retiring in his manners, and as a "great loss to the community."

During the ante-revolutionary and the revolutionary period, those of whom we have the fullest record, and who seemed to have filled a large place in their day and generation, were John Condit, William Burnet, Jacob Ogden, William Barnet, Robert Halsted, Caleb Halsted, Bernard Budd, Isaac Morse and Matthias Pierson.

JACOB OGDEN

was born in Newark in 1721. He married here, but moved at length to Jamaica, Long Island, where he lived to the age of 59,

and attained considerable professional reputation. It is said of him that "he was a bold supporter of inoculation, and early discovered the value of calomel in the diseases incident to our climate." He published a paper in 1769, and another in 1774, on "malignant sore throat distemper," which were considered the best treatises on that subject then published. Dr. John Francis, of New York, said of him, that he "was entitled to the honor of being the first in the United States to whom may be attributed the frequent use of mercury in the class of inflammatory diseases." He moreover said of him: "At a time when medicine in this country was obscured by prejudice, encumbered with forms, and shrouded in mystery, he thought and acted for himself, and proved by a long course of success, that he was not only an original thinker, but a sagacious observer."

ICHABOD BURNETT,

a Scotchman, was the father of Dr. William Burnett, of whom we shall have more to say directly. He practiced medicine in Elizabeth in 1774, and died at the age of 90. The following is a copy of one of his bills:

ROBERT HAIS,

To ICHABOD BURNETT, *Dr.*

1774. June 25.			
To bals sulpher, for Printis, -	£0	4	6
Before to 3 doses pill Puobos - -	0	4	6
To one vial of Bitters, - - -	0	3	0
	£0	12	0

WILLIAM BURNET

was born December 2, (old style) 1730. The old homestead still stands in a dilapidated condition at the corner of Washington and Spruce streets, in Newark, N. J. He is said to have been descended from the Bishop of Salisbury. He entered the service at the commencement of the Revolutionary war, and served his country with

distinguished ability and honor to its end. *The "Ward U. S. Hospital" is not the first Government Hospital which was established in Newark.* Dr. Burnet was the superintendent of the U. S. Hospital in Newark in 1775. In 1776–7 he took a seat in the Continental Congress. He was appointed Physician and Surgeon General of the Eastern District, (an office created in part for him,) which position he filled with distinguished ability till the restoration of peace in 1783. He was present at the first meeting of the Medical Society of New Jersey, and took an active part in its organization. Dr. Burnet was elected President of the Society in 1767, and again in 1786. He delivered two addresses before the Society, one on "the origin, antiquity, dignity and usefulness of the science of medicine;" another on "the nature and importance of the healing art, the necessity of our indefatigable researches after medical knowledge, together with a few observations on the effect of opium in the cure of dysentery."

JOHN CONDIT

the great progenitor of the Condits, was a Welchman. He emigrated from England in 1678, and immediately settled in Newark. His son, Peter Condit, came with him. He married and settled in the "Newark Mountains," now Orange. From him has descended all of the name in the United States.

Samuel Condit, first, was the son of Peter Condit. He settled in Orange, while part of the family settled in or near Morristown. He was born December 6, 1696.

Samuel Condit, second, the father of Dr. John Condit, was born in Orange, January 13, 1729. His son John, the subject of our historical sketch, was born in Orange, July 8, 1755. He was Colonel in the Revolutionary army at twenty years of age. He became a ripe classical scholar, and although a diffident speaker, and not skilled in debate, he obtained the confidence of Jefferson, Madison and Gallatin, and of his constituents during a long period of political life. He participated in the battles of White Plains and Long Island.

He was the father of the late Hon. Silas Condit, of Newark, and uncle of Rev. J. B. Condit, D. D., of Auburn Theological Seminary. Doctor Condit entered the profession at an early age. For some years previous to entering public life, at the age of forty, he was engaged in very extensive practice in Orange. His circuit embraced the whole county, and extended into the adjacent counties. He kept many horses and was perpetually on the road. He enjoyed the unlimited confidence of the whole community. At about forty years of age he became a member of the New Jersey Legislature. He then entered Congress and continued for thirty years. He was both officer and surgeon during the Revolutionary war, holding the rank of Colonel. He was brave. At an action on "Battle Hill," which is now included in Greenwood Cemetery, our troops were driven by the British. Dr. Condit perceiving a wounded neighbor, seized him and bore him, amid a galling fire from the enemy, to a swamp, which he crossed, and afterwards swam the Gowanus creek, and deposited the man in a place of security. He was very fond of horses, and frequently rode an animal which none but himself and the groom could venture to mount. When his father died he was on Long Island with the army. It required several days to steal his way among the woods so as to avoid the Hessians. He persisted, however, and he ascended the hill just in time to meet the funeral procession which bore his father's remains to their last resting place, in the old Orange grave yard. This fact affords us some glimpse of the privations of our forefathers in the great Revolutionary struggle.

He was full six feet high and well-proportioned, consequently he was a large man. He is spoken of as "handsome," "fine-looking," and by some as a noble-looking man. He had dark hair and eyes, in common with most of his descendants. He was very affable and courteous, and seems to have been universally respected and beloved. It is said that there were enough of uncollected accounts on his books to have afforded, if made available, a fortune for a man in those days. He voted in the United States Senate for the war

of 1812. He served for a time as Assistant Collector of the Port of New York, and was stationed at Jersey City, when it was under the jurisdiction of the New York Collector. He was not a speaker. His sound good sense and sterling integrity seem to have secured his success.

The following epitaph, copied from his tomb-stone, succinctly sums up the prominent incidents of his career:

"Sacred to the memory of Doctor John Condit, a patriot Soldier and Surgeon during the struggle of his country for freedom; a member of the New Jersey Legislature, and a Representative and Senator in the Congress of the United States for thirty years in succession. His honors were awarded him by grateful constituents for his sound and vigorous intellect, stern integrity, and unwavering patriotism, in times of peril, and throughout a long life. On the 4th of May, 1834, he died in Christian hope, revered, respected, and beloved by all who knew him, aged 79 years."

Three of his name and lineage succeeded him.

CHARLES CONDIT

was the youngest son of Joseph Condit, and a nephew of Hon. Silas Condit. He was born in Orange in 1804, and died August 8, 1832, at the age of 28 years. He is spoken of as an amiable and excellent young man. He had a pleasing address and literary taste. He was a graduate of Princeton College. He was a student of Dr. William Pierson, Sr., and afterwards his partner. He practiced medicine in Orange, and a brilliant career seemed to open before him, when pulmonary disease brought him to an untimely grave.

ENOS CONDIT

was the son of Moses Condit. He was born in Orange, and studied medicine in New York, where he practiced a few years, and came back to Orange to die.

JOHN S. CONDIT

was the nephew of John Condit, and a son of the late Hon. Silas

Condit. He was born in 1801. He died April 7, 1848, at the age of 47. In a sermon delivered in the Second Presbyterian Church in Newark, April 7, 1848, he is spoken of as a "highly respected fellow-citizen, who was passing the meridian of his days with a vigorous step." He was a graduate of Princeton College in 1817. He studied law with the late Hon. Theodore Frelinghuysen, and afterwards medicine. He was a member successively of the Assembly and Senate of New Jersey. "Purity of private character, strong sense of moral obligations," are terms applied to him by a discriminating friend. He is spoken of as a man of "strong moral convictions."

The late venerable, excellent, and distinguished physician and Congressman, LEWIS CONDICT, of Morristown, who had three sons who were physicians, Silas, Nathan and Lewis, Jr., descended from a collateral branch of the family. They are said to have adhered to the ancient mode of spelling their names.

At the time with which your historian is now dealing, Newark was tributary to Elizabeth, and that village was included in the "Elizabethtown grants," which were settled by the immigrants with Carteret. There were few physicians, and they were frequently found in every portion of an extended region. The names of Doctors John C. Budd, John Dorsey, and Isaac Morse, loom up from this period. There were none who did not know them, and did not value their professional opinions.

ISAAC MORSE

descended from a noble ancestry, and left behind successors who have sustained the name. His parents were Quakers. His ancestor, Robert Morse, arrived in Boston before 1644. His son Robert the second, was born in the Elizabethtown grants. His son Robert, the third, was the grandfather of Dr. Isaac Morse. His father, Joseph Morse, was born at Elizabeth in 1709, and died in 1779.

Dr. Isaac Morse was born at Rahway, August 5, 1758, and died at Elizabeth July 23, 1825. He was a short, stout man, with a

partially bald head. He was a man of "bonne homme." His face almost constantly wore a smile. His society was universally courted. While he was overflowing with mirthfulness he had courage, firmness, constancy and perseverance.

He had an original method of dealing with his neighbors. Returning late one night from visiting a patient, he saw a neighbor helping himself from his wood pile. Picking up a large stick he followed him, and when he deposited his stolen armful of wood, the Doctor threw down his stick, saying, "there is a back-log for you." He saved his wood afterwards.

His jokes were never malevolent. His love of fun was evidently born in him. He was a student of Dr. William Barnet. Passing through the kitchen he saw the cook making dumplings. He went into the office and provided himself with something, (our informant says quicksilver,) which he put covertly into the dumplings, which caused them to jump out of the pot. The woman ran into the office to Dr. Barnet, and called him into the kitchen in great alarm. The Doctor said, "where's that Quaker devil Isaac? this is some of his work." Young Morse was not far off, watching the denouement, and laughing heartily over his success.

In later years, meeting an old female friend of his wife in New York, he told her his wife had become very deaf, and returning home he told his wife that Mrs. ——, who would come over to see her, was totally deaf. He managed to be present at their meeting, and to see them bawl at each other, till one said, "Do not speak so loud, I am not deaf, if you are." Mrs. Morse looked around for the Doctor, whom she saw laughing immoderately, and the whole truth was revealed.

Some pigs troubled him by getting into his enclosure one Sabbath morning; he tied them in a row by their tails to the fence, so that they should scream in full chorus as the owner and his family came from church.

A neighbor caught some fine shoats belonging to the Doctor on his premises and killed them. He then sent word to the Doctor

to come and bring them home, which he accordingly did. "The whirligigs of time bring their revenges." One day this neighbor's pigs came into his lot. Their owner was ill. The Doctor ordered them put in a wagon, and he accompanied them to the house. Meeting the neighbor, he said, "I have brought your pigs home; I found them in my lot." He replied, "Dead of course, I suppose." "Oh! no. They are all right." He told his man to put them in the pen. "Oh! no," says the resolute Doctor, "I want hammer and nails; I shall put them in myself, and in such a manner that they will not again escape." He did as he promised, and came back and reported the pigs securely penned. He had no better neighbor than this afterwards.

There was a hole in his crib. From this hole, corn was evidently abstracted. He put a fox trap inside the crib opposite the hole, and in a few days, going out to his stable, he saw one of his neighbors standing by the hole. He pretended not to see him and passed on to the stable. Returning he asked his neighbor to come in to breakfast. After jesting with him awhile he quietly released him without a word of comment. He did not lose any more corn, although he did not repair the breach in the corn crib.

Passing a poor man's field, he observed that he was sewing timothy grass seed in the fall. The Doctor said, "Why not sow wheat and have both wheat and grass?" He said, "I have no wheat." "Have you not oats?" "Yes." "Well, sow them, then." The man did as the Doctor suggested. The night following the Doctor ordered his colored man to put a bag of wheat and a harrow in the wagon. He followed the load, and during the night sowed the poor man's field with wheat and harrowed it in. He kept the secret, and enjoyed the man's satisfaction of seeing an elegant crop of spring wheat, when he had planted no wheat. The fact of his poverty and his enjoyment of observing his astonishment fully repaid our kind hearted and facetious physician.

He was once called to see a patient, Mr. Rivers, the hotel keeper, who was hypochondriac. As soon as he came in the patient ex-

claimed, "Doctor, you have come too late; I am dead." The Doctor immediately went out. When asked after his patient, he said, "He is dead." It was soon universally reported. The Doctor was asked what he meant; he replied, "He surely is dead, *I had it from his own mouth.*" He did not die then.

When asked in court what passed professionally between Dr. Chetwood and himself, he replied, "If I should tell all that passed professionally between us, the whole county would be in an uproar." He would say no more.

Sitting at a tavern in Elizabeth, a neighbor ran in crying, "Doctor, your mill is on fire." The Doctor, without rising, said, "Landlord, give that man a glass of grog, he must be tired from running." The Doctor then resumed the conversation, well knowing that as the mill was three miles off, it would be burned up before he could get there.

A sloop was loaded with hay half-mast high, going from "Morse's Mill" to New York. She got foul of an English vessel. The Captain cried out, "Cut the infernal Yankee shallop's rigging and let her drift." The Doctor, who was on board, called to his colored man to give him a firebrand. Mounting the hay, he cried out in a loud tone, "I will fire the hay." Said the frightened Englishman, "We shall drift down to Hell Gate." Said the Doctor, "You shan't stop at the gates of hell if you cut one of my ropes." The ropes were not cut. The Doctor was invited on board the English vessel and treated. When asked if there were any more like him, he replied, "I am not a circumstance to our people generally." They were delighted with his promptitude and heroism.

He owned a useless slave, Pete, who went off in one of William Gibbons' steamers. He sued Gibbons and recovered $300. He told Gibbons afterwards that if he brought him back he would sue him for $300 more. Said Mr. Gibbons, "Did you not want him?" "No, I offered him $20 to run away and never come back."

Although a very accomplished scholar, and a charming and intelligent companion, ever welcome in all circles, Dr. M. was so fond of practical jokes, that he was not unfrequently rude.

When the late Rev. John McDowel, D. D., came to Elizabethtown to settle, he was very desirous to meet Dr. Morse, who was not less anxious to meet the new pastor. Some weeks elapsed before the Doctor drove up to the village, in consequence of his being engaged in rebuilding his tide-mills burned by the English, some distance below the village. One day he drove up to Gen. Dayton's store with his sulky filled by a cask, which he deposited upon the stoop. As he entered, he was introduced to Rev. Dr. McDowel, to whom he remarked: "My wife is dying. I have come to get some rum; we are going to have a dam frolic." With a sober face and no further remark, he walked into the back room, followed by Mr. Dayton, who said, "How could you speak so to our new minister?" He replied, "It is quite true; my wife is dyeing some yarn, and we expect to have a dam frolic to-morrow when we raise the new dam at my mills." Corn huskings, raisings, apple-cuttings, where pot-pie and milk were dispensed, were common in those days. Rev. Dr. McDowel readily forgave Dr. M., for he always invited him to his house when he desired to particularly entertain his friends from New York. On one occasion, coming out after dinner at the clergyman's house, he met two of his elders. He told them to "hurry into the house, for the pastor was drinking like a beast." They went in, talked with the pastor, and took a glass of wine with him, as was the custom in those days, and finally told him why they came. The Rev. Dr. laughed, and said "that it was one of Morse's jokes." Coming out they again met Dr. M., and asked him what he meant. He had just driven up in his sulky, covered with mud, from a visit to a patient. Having quietly tied his horse, he turned coolly to his querists and said, "I told you that Dr. McDowel was drinking like a beast, and so he was, for a beast never drinks more than he wants, which was exactly true of him."

Stories of his management of hypochondriacs, his practical jokes, his witty sayings, and his facetious acts, full of humor, always kind in intent if apparently harsh, could be multiplied to any extent.

MATTHIAS PIERSON,

a cotemporary of Dr. John Condit, was born in Orange, June 20th, 1734, where he spent his life in the practice of medicine, and died May 9th, 1808.

ISAAC PIERSON,

his son, cotemporary and successor, was born in Orange, August 15th, 1770. He was an intimate friend and classmate of Dr. David Hosack, of New York. He was an alumnus of Nassau Hall, Princeton, a Fellow of the College of Physicians and Surgeons, and in 1827 was President of the Medical Society of New Jersey. He was a successful practitioner of medicine for forty years in Orange. He was a member of the XXth and XXIst Congress of the United States. He was the father of our venerable associate, Dr. William Pierson, Sr., who is glad to share the mantle with his son, Dr. William Pierson, who will probably secure the succession for at least another generation. Except in the case of Dr. John C. Budd, who was the son of Dr. Berne Budd, and the father of Dr. Berne W. Budd, and the grandfather of Professor Charles Budd and Dr. Berne Budd, of New York, none of whom we have record, can boast of so long a medical ancestry.

The house is now standing on Main street, Orange, which was successively occupied by Drs. Matthias, Isaac and William Pierson.

CYRUS PIERSON,

a brother-in-law of Isaac Pierson, was born in South Orange. He was an alumnus of Nassau Hall, Princeton. He practiced medicine in Orange, Woodbridge, Caldwell and in Newark. While in Newark he was a partner of Dr. Samuel Hays, and they had an office where is now the "Kremlin Block." He died in Newark, October 7th, 1804, in the 47th year of his age.

ASA HILLYER,

son of Rev. Asa Hillyer, D. D., and a brother-in-law of Dr. Wm. Pierson, Sr., was a grandson of a surgeon in the Revolutionary

war. He practiced medicine in Elizabeth. He died October 13th, 1824, at the age of 33. He was a graduate of Princeton and a member of our Society.

WILLIAM ELLISON

was a highly respectable practitioner of Paterson; further than that we are unable to learn.

JOHN BUDD

was an English surveyor for the "Lord Proprietors." The title of Powles Hook, at Jersey City, and most of "German Valley," in Morris County, was in him. Besides, he owned other large tracts of land. He established the homestead in Chatham, where Mr. John Budd now resides, and represents the *fifth generation* which have occupied one house. John Budd arrived at Burlington, New Jersey, in 1678. Our interest in him, however, is in the fact that he was progenitor of a long line of physicians who have been eminent in every generation. In this respect, the Budd family are pre-eminent in our record.

BERNARD BUDD

appears the first on the roll of fourteen who formed the New Jersey Medical Society in 1766. He was a surgeon in the Revolutionary army. The house is still standing in Springfield in which he amputated the leg of a British officer, wounded in the "battle of Springfield." The house was saved for the protection of this officer when the village was burned. We know little more of Dr. Budd than that he was one of the most accomplished surgeons of his day.

JOHN C. BUDD

succeeded his father, in what relation of time we are not informed. He was born at Morristown, N. J., May 26th, 1762. He died January 12th, 1845, at the age of 82. He was a student of Dr. John Condit, of Orange. He was a man of medium height, stout,

had a large head, and was inclined to be bald. He was perfectly erect at 83 years of age. He had a pleasing, cheerful face, and laughed easily. He was careless in dress and in his business habits. He naturally preferred fun to business, still he was a good practitioner. His humane disposition rendered him a faithful physician, and his fine abilities and power of observation a skillful one. He was very fertile in resources, as was evidenced by the following characteristic incident:

He had the reputation in those far-off witch-burning times of being able to raise the devil. It is said he had something to do with the "Morristown Ghost"—but not discreditably, which created so much excitement, in 1778, and some years after.

A man came to his house one evening and told him that he had understood that he could raise the devil, and that he desired to see him. The Doctor generally had a benevolent motive in his jokes. He knew that this man beat his wife and abused his family. He determined immediately on giving him a lesson. He told his black man, who was in the habit of personating the devil by means of a cow's hide and horns and hoofs, and a clanking chain, to prepare himself. When he thought him ready, he told his neighbor to walk three times around the barn, repeating, "If there is any devil, let him come forth!" This phrase was common in that superstitious age, when the devil was to be defied. The third time he heard the clanking chain, and also heard upon a huge flat rock the noise of hoofs. Directly he saw the horns, when he became pale with terror. The pretended devil said, "What do you want?" He was too much alarmed to reply, when the horns and hoofs rejoined, "I will let you up this time; but if you ever strike your wife again, I will appear without calling!" He sobbed out a promise of good behavior, and sinking down with affright, was assisted by the Doctor into the house. He would not leave the house until the next day, when he departed, protesting that he would never call out the devil again, and he became afterwards, it is said, a model husband.

On one occasion, the Doctor was frightened by his own devil. He had been up to the "Short Hills" to visit some patients, and was returning home at midnight, when he saw a light at Mrs. Day's tavern, in Chatham, immediately this side of the Passaic river. Stopping in he learned that a large card party persisted in continuing the game, while Mrs. Day and her son John wished to "shut up." He went in and expostulated with the surly gamblers. They only responded that he afforded an example of "Satan reproving sin." He told them that if they did not break up, he should not wonder if the devil appeared to them. After several attempts to dislodge them, he determined on a mode of procedure. On the floor, asleep, in the bar-room, he found several chimney sweep boys on their way home from New York, to spend the Sabbath. He selected one of the smallest, and accoutered him with a fresh cow's hide which hung over a beam in the barn—they had happened to kill that very day. Attached to the hide were the horns and hoofs of the animal. To his body he affixed some trace chains. Having sent John Day into the room to put a pail of water on the fire, with the declaration that if they did not go home they should have no fire, the boy was sent up one of the ample fire-places, directed to display his horns and hoofs and chains from the junction of the chimney down into the room of the card players. The Doctor was so intent upon the game, that the appearance of the little representative devil with his hoofs, horns and chains tumbling down in the ashes, (for the flue was too hot for him to carry out the Doctor's plans,) frightened the Doctor as well as the card party. They dropped the cards, and by means of the doors and windows escaped from the room, except two, who were too frightened to run. The Doctor recovered from his alarm, and put his devil out of sight, cleared the house, and gave the boy the dollar he had promised him.

The minister of Chatham prepared a sermon upon the appearance of the devil to the Sabbath breakers. Dr. Budd prevented its delivery. The event caused much excitement, and a religious interest grew out of it, and many were added to the church.

We were told by the late Dr. Berne Budd, of New York, the son of Dr. John C. Budd, of one occasion when "Greek met Greek." Dr. Budd said that one summer's day he was standing with his father in his yard, when Dr. Morse drove up to the fence in his sulky, and called out in a loud tone of voice, "Budd, whose wheat field is that back of the other road?" My father replied (as Morse expected) "That's mine." "Well," said Dr. M., "you might as well drive those cows out." Well, the men and dogs were assembled, the field visited, but, of course, no cows were there. In a joke Dr. Budd did not allow himself to be outdone; so, says our relator, when Dr. Morse came back he found my father seated on a rock in the garden, with a white hankerchief tied conspicuously about his jaws, and feigning the most severe distress. Dr. M. called out from the road, "What is the matter?" My father beckoned him over; on reaching him he sent him back for his turnkey, which was inside his sulky box. He made him tie his bandanna handkerchief about it, and after detaining him with pretended dread of the pain for about half an hour, he opened his mouth, when no teeth were there! My father had been toothless for years. Dr. M. demanded impatiently, "Where have your teeth all gone?" Dr. B. instantly replied, "*Gone to drive those cows out of the wheat field!*"

Dr. Budd had two famous prescriptions; one he called his *Tincture Botanæ*, the other his *Diabolical Pills*. "The first," he said, "I give when I do not know what else to do, for it is *emmenagogue, sedative, cathartic, tonic and expectorant, and cannot fail to hit somewhere.*"

BERNE BUDD

once practiced medicine in Newark with his father, Dr. John C. Budd. They lived at the stone house at the corner of High and Orange streets. He was well known to your historian. He was a stout man, of vigorous intellect, of studious habits, and kept up with the progress of medical literature even to advanced age. He

died within a few years, aged about 65, at his house in Eighteenth street, New York. He leaves behind him two sons, who inherit all the excellencies of the antecedent medical generations, and who have already become eminent physicians.

CHARLES BUDD,

of New York, is the eminent Professor of Obstetrics, in the Medical Department of the New York University.

BERNE BUDD,

in his own speciality, that of Chemistry, is, perhaps, not less known.

In ante-Revolutionary times, probably considerably after Dr. Burnet, although perhaps cotemporaneous in his later years, and antecedent to Dr. Williams, of whom we shall learn directly, we place the Doctors Halsted. They were settled, the one in Elizabeth, and the other in Connecticut Farms. They bridge over a period extending down to the ken of the present generation.

ROBERT HALSTED

was the elder. He was born September 13, 1746, and died aged about seventy years. He was serious, and, by some, is spoken of as stern. He was by all respected. He was a leading man in his day.

He was a patriot. This generally means nothing. It is a word used to finish a sentence, or to apply to a man of whom there is little to say. In that day it meant something. It meant contumely, reproach, suffering, imprisonment, *death*. Dr. H. was a man of settled, definite opinions—would God there were more such men in these days. Of course, in Revolutionary times, he became a marked man.

> "There's a warfare, where none but the morally brave
> Stand nobly and firmly their country to save."

A notorious tory of 1776 informed against him, and he was lodged in the "Old Sugar House" in Liberty street, in New

York. Like Doctors of every period, he was too loyal to take a doubtful position. We record with pride, that among those whose life work it has been our duty to estimate and record, but one exception has been discovered. Dr. H. never forgave the traitorous neighbor who accomplished his imprisonment, and no man ever had more occasion to be permanently offended. It is a blessed fact, however, that the enmities of one generation seldom are perpetuated in the next.

While our army lay at "New Point," about one mile east of the present "Old Ferry Landing" at Elizabethport, news came that the Hessians had effected a landing about one mile above. Col. Aaron Ogden, an ancester of ours, notwithstanding the intense darkness of the night, determined upon a "reconnoisance." He mounted his favorite young, black, blood mare, and proceeded onwards. He discovered by the "bayonets' gleam" that he was "among the Hessians." He instantly wheeled his mare and escaped. While in the act, he received a bayonet in his side, to avoid which he had thrown himself over, quite on the side of the animal, in Indian style. The night was too dark to see the direction of his escape, or he would probably have shared the fate of our lamented Kearney.

On reaching camp Dr. Halsted was called. He could not determine how far the instrument had penetrated the body. He frankly told him so, and assured him that his life depended upon absolute quiet. The Colonel recovered. It is remarkable how precisely this incident is like that which caused the death of Gen. Kearney. The reconnoissance alone—his discovering himself in the midst of the enemy—his wheeling his black, blood horse for an escape. To this point the parallel is perfect—but for that fatal bullet it would have been complete.

CALEB HALSTED

was a younger brother. He was born in Elizabeth, September 15, 1752, and died August 18, 1827, at the age of seventy-five years.

Like his brother, he was an eminent physician. He was a man of medium size, of cheerful temper, and of large benevolence. He had a round, pleasant face, was accessible and genial, and made many personal friends.

July 15, 1825, while confined to his house by illness, he received a visit from and entertained General Lafayette. He was traveling from Morristown under the conduct of the late General Andruss, the father-in-law of the late Dr. Jabez G. Goble.

During the French revolution many of the nobility came to this country, and settled in and about Elizabeth. Most of these families were under the professional care of Dr. C. Halsted, notwithstanding he lived at Connecticut Farms, and at some distance from Elizabethtown.

WILLIAM HALSTED

was the nephew of Doctors Robert and Caleb, and uncle of our venerable ex-Chancellor Halsted. He practiced medicine for some time in Newark. In his earlier years he was a very promising man, and is said to have been the most talented of the family, but a fall from his horse, injured him to such a degree that he was trephined, and ever after he was subject to attacks of derangement. He died at about forty years of age.

Dr. THADDEUS HALSTED (who lived one year recently in Orange,) of New York city, is a grandson of the late Dr. Robert Halsted. He is a distinguished physician. He is one of the Consulting Surgeons at the New York City Hospital. He is an alumnus of Princeton College.

Thus the ancestral medical fame of the family is perpetuated.

MATTHEW C. LYON.

During the latter part of the last century and the early part of the present, Dr. Matthew C. Lyon practiced medicine in Newark. He lived in Broad street, the second door above Court street. He had a partner, a Dr. Halsted, who afterwards moved to New York. Dr. Lyon was born March 4, 1766, and he died October 8, 1816.

His son, Dr. JAMES L. LYON, became a very respectable practitioner of medicine. He settled in Hudson street, in New York, where he died December 24, 1858. He was born in Newark, September 13, 1808.

His son, Dr. SAMUEL KUYPERS LYON, is a young physician in New York, of much promise. He has succeeded to the practice of his grandfather, Dr. Kuypers, whose failing health has led him to relinquish its active duties. Thus "one generation passeth away and another cometh."

GEORGE COE

came to Orange, from Westfield, New Jersey, in 1817. He was the grandson of Dr. Elmer, the elder, and a business partner of Dr. William Pierson, Sr., in 1840.

We regret that, with regard to some physicians, we have no more data. We have diligently sought for it in vain. We hope that this allusion may lead to a more full history of those gentlemen who filled a large place in their time.

Soon after the Revolutionary war, we find

JOHN DARCY.

He was the son of a highly respectable Morris county farmer, Patrick Darcy. The "Patrick" would indicate descent from the Emerald Isle, but some of the family write the name D'Arcy, indicating French extraction. Dr. Darcy was born October 11, 1760, and died February 13, 1822. He was the cotemporary and friend of Doctors Morse and Budd, and had considerable reputation as a surgeon. He joined the State Medical Society in 1807.

JOHN S. DARCY,

his son, succeeded to his practice. He was born at Hanover, Morris county, February 24, 1788, and died at Newark, October 22, 1863. He was a member of the State Medical Society in 1809. He has lived on beyond his cotemporaries, forming a link between

the past and the present generation. He removed to Newark in 1832, and, with the exception of a year spent in California, (where he went by the overland route for the sake of relief from professional labor,) he practiced medicine quite up the last few days of his life. Although always a leading politician, and for thirty years the President of the New Jersey Railroad, besides being often a delegate to political conventions, he was indefatigably devoted to his practice, which was always large, and the duties of which he faithfully performed.

It affords peculiar pleasure to your historian to record the virtues of his life-long friend. He officiated at the point of time, as he is informed, upon a June day, in 1814, which ushered him into life, in Hanover, N. J.

But he was everybody's friend. He was a kind friend, a genial companion, generous, sympathizing, true. None ever died in this community leaving more really attached friends. He never seemed old, although he died at the age of seventy-five.

In practice he was anxious to lose no business, although careless in his collections. He had an inimitable tact, a "*bonne homme*," and a way of making pleasing quotable assuring remarks, which would have secured success to any medical practitioner. He was a large, stout, well proportioned man, in whose countenance tenderness of heart and good sense were manifest.

His son, Henry G. Darcy, studied his father's profession, but afterwards associated with his brother-in-law in mercantile pursuits.

Doctors Dodd, Chetwood and Munn belong to the intermediate of our historical period. One of them lived just outside the boundaries, but practiced in Essex County.

JOSEPH SMITH DODD,

son of General John Dodd, was born January 10, 1791, in what is now the township of Bloomfield; graduated at Princeton College in 1813; commenced the practice of medicine in his native place

in 1816, where, after thirty years of nearly uninterrupted labor in his profession, he died, September 5, 1847.

He was a cotemporary of Doctors John C. Budd, Isaac Pierson, John Ward, Uzal Johnson, and Abraham Clark. In 1842 he was elected to the Council (afterwards called the Senate) of New Jersey, to which office, after serving one term, he was re-elected under the new Constitution of the State. He took, while in the Senate, an active and leading part in originating and establishing the State Lunatic Asylum. He was the Chairman of the Committee having charge of that subject, and his exertions greatly contributed to the successful inauguration of that institution. About this time he had become associated with Dr. Joseph A. Davis, who is now an eminent physician in Bloomfield, as a partner, and, with the gradual failure of his health, began to retire from active practice, which, for several months prior to his death, he entirely gave up. He died of pulmonary disease, in the fifty-seventh year of his age. His father died on the same day of the same month just twenty-one years before. It is a somewhat curious fact that the occurrence of his own death on *that day* had been anticipated and spoken of by him to his family and friends as probable and expected, several months before it occurred.

He had a large practice, embracing the principal part of Bloomfield township, and extending into the townships of Livingston and Caldwell. His unremitting devotion to it impaired, at a comparatively early age, the vigor of his constitution—never very robust—and contributed to bring on the disease of which he died. His nature was sympathetic and unselfish. His patients engaged his thoughts and attention in a manner that made these qualities of his character manifest to all who knew him. His habits of mind were calm, thoughtful and judicious. He was decidedly of a reflective cast, and evinced this in the careful and considerate treatment of his patients, as well as in the ordinary intercourse of life. He pursued, to a great degree, the expectant plan, and did not like the '*heroic*' treatment. The soundness of his judgment was perhaps

the conspicuous feature of his character. It is a remarkable fact that, *in a practice of thirty years, he never lost a patient in labor.*

Dr. Dodd was a man of scholarly tastes. He retained through life the love which, in his youth, he had for general studies, especially the mathematical and classical. In the former he was quite a proficient, and indulged his fondness for them to the last. The singular purity and kindness of his disposition endeared him to all his acquaintances, and especially to the young, in whose society, studies and pursuits, he was ever inclined to share. Though of grave and dignified appearance, he had a rich vein of pleasantry in his composition, and was eminently agreeable in conversation and social life.

In person he was tall and thin. He was an inch and a-half under six feet in height, and in his later years inclined to stoop. His features were prominent, his complexion dark, and his eyes large and black.

He was a member of the Presbyterian Church; a devout and thorough student of the Scriptures, with which, and the psalms and hymns of Watts, his memory was largely stored.

He met death with an undisturbed Christian hope, and left behind him the influence and fruits of a pure, laborious and useful life.

Dr. Dodd was the father of Amzi Dodd, Esq., of this city.

JOHN CHETWOOD

practiced in Elizabeth at about the same period that Dr. John Darcy practiced at Hanover. The New Jersey Historical Collections furnish this legend: "He fell a victim to that untiring benevolence which, for more than forty years, had marked his professional course. The meridian sun found him administering to the suffering; the next morning's beams fell upon his grave. 'Blessed are the merciful, for they shall obtain mercy.'" The circumstances of his death were much like those of Dr. Calhoun.

Dr. George Chetwood furnishes the following additional partic-

ulars: "My father died of cholera in August of 1832, aged sixty-four years. He died a martyr to his profession, having great fear of that disease, (which at that time was new to us all,) and believing that he would become a victim, yet he did not hesitate to go both night and day, and was most attentive and devoted to every case to which he was called. On the morning of the day of his death, he told several persons that he had at that time upon him the premonitory diarrhœa. Notwithstanding, he continued to visit his patients until 11 o'clock A. M., when, unable to make any further effort in their behalf, he returned to his home, and died the same night at 8 o'clock; exhibiting, in my view, by this course, as much deliberate and heroic courage as any officer or soldier could manifest upon the battle field.

"He had a remarkably kind and genial disposition, was always pleasant in the presence of his patients, and his death caused many a heart to ache, particularly among the poorer classes of society, for, under all circumstances, he never refused to answer professionally or otherwise their repeated calls."

Thus is illustrated the heroism of the true physician—

> "Whose special function 'tis to give relief
> In the dark hours of suffering and of grief;
> Between the living and the dead, to stand
> Where fall the shafts of death on either hand;
> Without one thought of flight, to still maintain
> Perpetual battle with the Powers of Pain."*

JEPTHA B. MUNN,

of Chatham, Morris county, was born December 29, 1780. He always practiced medicine on the borders of our county, and was a cotemporary with Doctors Morse, Budd and Darcy. He was President of the State Society in 1828. One of his sons, Dr. John Munn, succeeds him. He has another son in the profession, Dr. Isaac Munn, of Brooklyn.

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*NOTE.—"Microcosm," a poem read by Dr. A. Coles, President of the New Jersey State Medical Society, at the recent Centennial Anniversary.

In 1838 he wrote a communication to our Society, entitled "Recollections of Dr. David Martin," which would be of great value now if it could be recovered, and probably furnish us about all that we can learn at this time of this once eminent and excellent physician.

DR. STEELE.

The earliest Belleville physician of whom we are able to learn, was Dr. Steele, an Englishman. We find him there in 1812, enjoying the confidence of the whole community. He was abrupt in his manners, and kind in his nature. He was regarded as an excellent physician. His son,

THOMAS STEELE,

practiced medicine for a time with his father, and afterwards removed to Newark. He was the predecessor of Dr. John Ward, and continued some time after the latter commenced practice in Newark. He is also spoken of as a good practitioner.

DR. LYON,

(not Matthew,) practiced for a while in Newark, and

DR. LINDSLEY,

who married his widow, succeeded him in business.

STEPHEN B. COOK

was born November 22, 1790, in Troy, New Jersey; was married April 11, 1832, and died in Hanover, New Jersey, January 7, 1843. He was an associate of Dr. J. S. Darcy, and on the removal of the latter to Newark, he succeeded to his practice, (in connection with Dr. Kitchell) which extended to most of the adjacent country around Hanover. He was tall, with black eyes and hair; was quiet and reserved in manner, and was regarded as an excellent physician.

DR. SQUIER,

of Caldwell, was his cotemporary. He preceded Dr. Orton.

STEPHEN GROVER.

We should have said before that this ground was first occupied by Rev. Stephen Grover, pastor of the Presbyterian Church in Caldwell, and grandfather of Lewis C. Grover, Esq. Like Rev. Doctors Pierson, Dickinson and Darby, he ministered to both the bodies and souls of men. He was cotemporaneous with Doctors John C. Budd, John Darcy, and Henry Darby.

In view of this record of our medical ancestors, it is manifest that men, like wine, need to be put away a while in vaults. The good improve, their faults are forgotten, and their excellencies are manifest. Those unworthy of record receive no benefit from the lapse of time. We conclude the history of the antecedent period and proceed onwards.

A GLANCE OUTSIDE.

In order to a fuller understanding of the surroundings of our little band of scientific ancestors, let us take a glance outside of their geographical boundaries. There were in New York, bright progressive medical men, as, for example, Doctors Post, Hosack, Francis, and Mitchell, of whom John Randolph said, while they were together in Congress, "I never saw a man who knew so little of what men ought to learn, and knew so much about matters of what none had occasion to know." The absence of steam in that day placed New York, practically, at a greater distance from us than at the present day.

In facetiousness and wit, Dr. John C. Budd, of the adjoining county of Morris, and Dr. Isaac Morse, of Elizabethtown, were scarcely inferior to Chapman, of Philadelphia, or Mitchell, of New York.

At this time it would seem, from an item in a New York paper, that no Surgeon in Newark was regarded competent to perform the operation of lithotomy, and that its performance by a Dr. Johnson, of New York, was regarded worthy of laudation by the newspapers of that city.

FORMATION OF THE DISTRICT MEDICAL SOCIETY FOR THE COUNTY OF ESSEX.

This brings us to the period of the inauguration of the "District Medical Society for the County of Essex, in the State of New Jersey." The following is the legend:

Tuesday, June 4th, 1816, agreeable to the appointment of the Medical Society of the State of New Jersey, under a late act of incorporation, John D. Williams, Joseph Quimby and Samuel Manning, three of the physicians and surgeons named for that purpose, met at the house of Moses Roff, Inn Keeper, in the town of Newark, and formed themselves into a Society, under the name of the "District Medical Society for the County of Essex, in the State of New Jersey," of which John D. Williams was chosen President, and Joseph Quimby Secretary. At the first meeting, Dr. Uzal Johnson was appointed Vice President, and Dr. Samuel Hays Treasurer. Drs. James Lee, Abraham Clark and John Ward were appointed a Committee to frame By-Laws and Regulations, and to report at the next regular meeting. Drs. Samuel Manning, Samuel Hays, Abraham Clark, John Ward and Daniel Babbitt were appointed Examiners for one year, and were directed to give public notice of the organization of the Society, of their appointment as Examiners, and of the time and place of the next meeting of the Society. The Society then adjourned, again to meet in July.

The following eleven names appear in the original organization:

JOHN D. WILLIAMS,	JAMES QUIMBY,
SAMUEL MANNING,	JAMES LEE,
JOHN WARD,	ELEAZER D. WARD,
UZAL JOHNSON,	ABRAHAM CLARK,
SAMUEL L. WARD,	DANIEL BABBITT,

SAMUEL HAYS.

The names of William Johnson and David Martin appear at the second meeting, (July, 1816,) one month after the preliminary meeting.

OUR GOLDEN WEDDING.

One and two-thirds of a generation have now passed away. We come to the Golden Wedding period of our history. As upon these interesting occasions, we meet sometimes one or two, it may be, who mingled with the crowd, who assembled to salute the youthful bride, and now return with furrowed cheeks and silvered locks to renew again those congratulations, and recall for an hour the scenes of a far distant period, since when a panorama of events have passed before their vision, so have we with us two witnesses of the event which to-day we celebrate.

Dr. Eleazer D. Ward, of Bloomfield, still lives. We regret to learn that he is feeble and decrepid. He has completed his four score years, which have accumulated upon him and weigh him down. Ere long he must follow his predecessors.

Samuel L. Ward has passed his three score years and ten, but is still at his post of active usefulness. May he live to a ripe old age, and continue to furnish a representation of the founders of our Society, which to-day has reached its fiftieth anniversary.

A LOOK AROUND BEFORE STARTING.

Let us pause before entering upon our review of the doings of the Society, and consider the circumstances and surroundings of the little group of eleven—increased one month later to thirteen—who, in obedience to the mandate of the State Society, met at Roff's tavern, (which was a stone building near the present City Hall, and was the great trysting place for the entire community) on that morning in the summer of 1816.

At this time there were few organized medical schools. The study of medicine consisted of a few months with "Bell's Anatomy," and "Thomas' Practice," and a few more of "riding around with the Doctor." There was a lack of definiteness of aim in the teachings and practice of the profession. Most of those who attained eminence seem to have accomplished it rather by the force

of natural genius than by scholarly attainments. There were very few books to read, and very little to stimulate inquiry. Essex County at this time included Passaic and Union, still it did not probably contain more than one-tenth the number of inhabitants which are found in Newark to-day. Newark, itself, contained less than five thousand inhabitants.

A HISTORIC PERIOD.

The Society, which was inaugurated on that fine June morning—what an auspicious season to found a new institution—in that stone tavern in Broad street, in Newark, in 1816, has never failed to meet punctually. Its motto has ever been "Excelsior." It has contributed much to the advancement of medical science throughout the State, as well as our own community. No other County Society in the State has maintained its vigor so uninterruptedly. It has ever presented a contrast with the most favored counties in the States which adjoin us on every side. The gentlemen who constituted the germ of our Society were earnest, faithful practitioners of medicine, as is proved by their punctual attendance and valuable papers. We observe, with regard to certain names, that they never fail to appear in the proceedings of *every meeting*.

The Society was inaugurated just after our last war with England, and which completed the establishment of our National Independence. We had scarcely recovered from the Revolutionary struggle—that long, dismal period of alternate hopes, and fears, and despondency. We who have just passed through the trial by fire for the perpetuation of these very principles which were then just established, know how to appreciate that crisis. That had been no time for scientific progress; nor was the antecedent period of Colonial dependence more favorable to free inquiry and scientific prosperity. Thus our Society was formed at just about the most desirable historic period. That among *our eleven* there should have been one "Judas," should cause some

mitigation of our natural astonishment that during our recent struggle for national life, there should have been found any who refused to sustain the country in the hour of its extremity. As at the first meeting of this Society, its members congratulated each other upon a Nation finally emancipated from foreign domination, so may we upon this, its fiftieth anniversary, thank God for the wonderful Providence which has worked out for us the miracle of Universal Emancipation.

OUR ORIGINAL CONSTITUTION.

Having taken a glance outside, we will return to the low ceiling parlor of Roff's tavern, on the occasion of the second meeting, one month after the organization. The Rules and Regulations adopted at that meeting are most excellent, and really afforded all the Constitution which we need to-day. It was all that we had until 1831, when superceded, in a measure, by some "By-Laws" then adopted.

The first section declared the name of the Society.

The second, that "the members consider themselves bound to act on the principles of *honor* in all their proceedings; to cultivate friendship with one another, and to promote the interest and improvement of the science of medicine."

The third and fourth relate to the time of meeting; the fifth and on to eleventh, to the election and the duties of officers.

The admission fee is to be "not less than two dollars, and the annual fee shall be one dollar." None could vote who were in arrears, and no answer would be given any member who applied for dismission, unless he produce a certificate, signed by the Treasurer, of his being in no arrears to the Society.

The 13th and 14th sections provided for the substantial necessities. None were permitted to vote unless they had paid up. At a later date, when your historian entered the Society, he had to submit to an examination—none were then excused—and had to pay fifteen dollars for the privileges the parchment conferred.

The 18th section relates to the "order of business," and the 19th resolves to be governed by the laws of the State Society, "*provided always that the Medical Society of New Jersey shall not assume any control over its funds.*" Our medical ancestors, from the very start, held the purse-strings tightly.

The 20th and 28th sections relate to medical ethics. In order to exhibit their idea of the rules which should regulate the intercourse of physicians, and to perpetuate a few sentences which are terse, plain and comprehensive, and which teach doctrines as excellent to-day as fifty years ago, we quote:

"Medicine being a liberal profession, its practitioners are or ought to be men of education, and their expectation of employment should be founded on their qualifications, not on artifice or insinuation. A certain indefinable species of assiduities and attentions therefore to families usually employing another, is to be considered beneath the dignity of a regular practitioner, and as making a mere trade of a learned profession. It evinces a meanness of disposition to make meddling inquiries or hints concerning the nature or treatment of cases of sickness in such circumstances."

But that we must be careful not to extend unnecessarily this paper, it would be interesting to quote three or four more sections relating to ethics. Enough has been given to show that medical proprieties have not changed in fifty years.

SOME OF OUR EARLY TRANSACTIONS.

At the second regular meeting in 1817, there was evidently some conflict of authority with the State Society. There seems to have been considerable feeling on the subject. Nor were the principles for which each contended settled as late as 1842, when the State Society refused to receive Dr. Waldo Brown, the regularly appointed delegate of the Society. In a case of discipline, the State Society were influenced to reverse the action of our Society. Still the "Essex District Society" refused to acknowledge the procedure, or to undo or annul their acts. But these troubles ceased,

as power passed from the State Society in consequence of new legislative acts.

In looking over the records, it is evident that the prosecution of irregulars, (in 1830 the late John P. Jackson, Esq., was employed by the Society for this purpose,) and the care of the library chiefly engaged its attention. The library was formed soon after the organization. It afforded the members then the only mode of obtaining periodical literature, and for some years was indeed very useful. But it soon began to be neglected. The members would forget to return the books taken out. In 1830 a thermometer and barometer were purchased, and the keeping of meteorological reports was attempted. But there seemed no man with taste and leisure to take hold of it. If there was (and it is quite likely that there was) *he did not receive the appointment of Librarian.* Though occasionally resuscitated, it was finally sold at auction in 1866, for thirteen dollars, and is owned by Dr. A. N. Dougherty, of Newark, New Jersey.

In 1831 new by-laws and a code of ethics were adopted. On Thursday, July 19, 1832, a special meeting of the Society was called to consider the nature and treatment of Asiatic Cholera, which, as is well known, prevailed that year for the first time in the history of this country.

Drs. J. B. Jackson, I. M. Ward and Whitfield Nichols were appointed a committee to investigate the facts in relation to the cases of the cholera which should occur in Newark, and report them to the public, under the sanction of the Society, if the President deemed it advisable. The discussion evinced a determined effort to grapple with the subject, and to discover, if possible, the causes and the proper treatment of the new disease, now, unhappily, so familiar to us all. This discussion is especially interesting at this point of time, when we expect the renewed visit of the dreaded pestilence.

In 1837 Drs. S. H. Pennington and L. A. Smith presented a code of ethics which is very full, and which seems to provide for all

possible contingencies. It was adopted, and it of course superseded that of 1816.

In a historical review it is necessary to pass over many events of considerable temporary interest, and the frequent modification of the by-laws and constitution, made necessary in consequence of changes in the legislation and of the sentiment of the public and the profession.

LATER ACTS.

August 15, 1848, a communication was received from the Morris District Medical Society, suggesting that the "welfare of the medical profession in New Jersey required an essential modification of the existing laws, which have for their object the restraining of illegal and irregular practitioners of the healing art." It was decided by our Society that it was undesirable at present to ask any modification of the present laws on this subject.

In 1854, Drs. S. H. Pennington, George Chetwood and L. A. Smith were appointed a committee to revise the by-laws, in reference to the recent action of the Legislature in relation to the practice of medicine.

In 1857, Drs. S. H. Pennington, J. Henry Clark and H. H. Tichenor were given the same mission by the Society, and at the last meeting (1865) Drs. S. Wickes and S. H. Pennington were appointed for the same purpose.

We have, for the past fifteen or twenty years, been loosening the power and patronage which has hitherto been granted us by the Legislature. We are, at length, a voluntary association. More than ever, and for this very reason, our standard of attainments, our position and accomplishments, depend upon us alone. Medicine and religion have never been benefited by government patronage, but have been often injured by power, effeminacy and jealous contentions.

In 1865, in view of the assassination of our President, a series of resolutions were passed, of which the following is the principal, drafted by Dr. S. Wickes:

"That we mingle our sorrows with those of our fellow-citizens, at the loss to the nation of a man of pure and honest heart—a patriot of the loftiest purpose—a ruler wise, benignant and beloved—'with malice towards none, and with charity towards all.' His administration of the government during the term of his service commends him to the nation and to the world, as possessed of the highest order of statesmanship. Amid our sorrows for his untimely loss, in this crisis of our national affairs, we rejoice that we may hand down to the future the name of LINCOLN, as one of the illustrious names 'which are not born to die.'"

OUR PRESIDENTS.

The following gentlemen have successively filled the office of President:

1. John D. Williams, Connecticut Farms.
2. Uzal Johnson, Newark.
3. Isaac Pierson, Orange.
4. William Ellison, Paterson.
5. John Ward, Newark.
6. Samuel Hays, Newark.
7. William Pierson, Orange.
8. Abraham Canfield, Newark.
9. J. G. Goble, Newark.
10. Cora Osborne, South Orange.
11. Whitfield Nichols, Newark.
12. S. E. Arms, Elizabeth.
13. S. H. Pennington, Newark.
14. Abraham Coles, Newark.
15. J. Q. Stearns, Elizabeth.
16. James Nichols, Newark.
17. John F. Ward, Newark.
18. A. N. Dougherty, Newark.
19. L. A. Smith, Newark.
20. J. S. Crane, Elizabeth.

21. Milton Baldwin, Newark.
22. Stephen Wickes, Orange.
23. William B. Brown, Newark.
24. William Pierson, Jr., Orange.
25. J. A. Corwin, Newark.

But a single case of discipline has occurred in a half century. Our medical ancestors seem to have got on harmoniously and profitably.

OUR SECRETARIES.

The first Secretary was Joseph Quimby. Abraham Clark was elected the following year, 1817, and held the office until the election of Jabez Goble, in 1824. The pen next fell into the hands of S. H. Pennington, who yielded it up in three years to Stephen Congar. After four years William T. Mercer was elected. Dr. Mercer held the office for *nineteen years*, until 1859. None ever held the office so long by many years. A. W. Woodhull was Secretary in 1859, and was succeeded by H. H. Tichenor in 1860, who in 1863 was succeeded by Bethuel L. Dodd, and he by Dr. Edgar Holden, the present Secretary.

OUR TREASURERS.

There have been but six Treasurers—Samuel Hays, Abraham Canfield, Whitfield Nichols, A. W. Reeves, Wm. M. Brown, and E. P. Nichols.

OUR MEETINGS.

The annual meetings have heen held in Newark, except in four instances. In 1826 it was held in West Bloomfield, (now Montclair); in 1851 at Elizabeth; and at two intermediate dates at Orange. Special and semi-annual meetings were held at Elizabeth, Bloomfield, Montclair, Paterson, Orange, and South Orange.

PAPERS READ BEFORE THE SOCIETY.

There have been forty-eight papers read before the Society. The

first was by Dr. Abraham Clark, in 1820, on the subject of "Typhus Icteroides," with observations on its treatment."

October 3, 1820, Dr. John D. Williams presented a paper on "Hydrophobia."

March 6, 1821, Dr. Isaac Pierson presented a paper on the "Epidemic Dysentery of 1819."

October 2, 1821, Doctors Daniel Babbitt, Abraham Clark and William Pierson presented a report on the "Curative properties of the Orange Spring Water."

October 7, 1823, Dr. Abraham Clark presented a report on "Hydrophobia," and recommends vaccination as a remedy.

Dr. Charles Davis, a highly respectable physician of Elizabeth, wrote a letter to Dr. John B. Beck, dated March 4, 1823, detailing fifteen cases of hydrophobia in animals, and four of persons bitten, all of which escaped death in consequence of *excision, and skull cap.*

March 1, 1825, Dr. John Ward read a valuable paper on "Ergot." This was soon after the introduction of this drug to the profession. Dr. Ward made an important prophecy, which has proved eminently true, that the drug would prove useful in the cases of women liable to flow profusely after child-birth. He also intimated that this drug was liable to abuse. This paper was published in the New York Medical and Physical Journal, vol. 4, page 202. It is a paper of eight octavo pages. Dr. John Stearns, of New York, formerly from Saratoga county, who introduced Ergot to the profession, remarked to the author on one occasion, a few years after its introduction in 1822, that he doubted, in view of the abuse of Ergot, whether he had blessed the world by its introduction.

1826. Dr. Samuel Hays read a paper on "The Prevailing Epidemic, Dysentery."

1829. Dr. Samuel L. Ward read a paper on "Colica Pictonum."

1836. Abraham Canfield, President, made a "Report of an Interesting Case."

1838. George R. Chetwood, President, a paper on "Neuralgia."

1838. Lewis A. Hall, on "Insanity."

1838. S. E. Arms, "An Interesting Case."

1838. Communication from Dr. Jeptha B. Munn, of Chatham, entitled, "The Recollections of Dr. David Martin, of Springfield." We have written a letter to Dr. Isaac Munn, of Brooklyn, and Dr. John Munn, of Chatham, sons of Dr. Jeptha B. Munn, and have hoped to obtain that paper, and to thus complete our biographical sketch of Dr. Martin. We have written several other letters, and have taken much pains, but with no favorable result.

1839. Cora Osborne read the President's Address—no subject.

1839. A. W. Reeves read a paper on "Medical Literature."

1839. S. H. Pennington, on "Acute Rheumatism."

1840. Abraham Coles gave an address on "The Importance and Dignity of Physic."

1841. Dr. Whitfield Nichols, on "The Hindrances and Discouragements to the Advancement of Medical Science."

1841. J. A. Corwin read a paper on "The Modus Operandi of Medicine."

1843. S. E. Arms, President, on "Phthisis Pulmonalis."

1830. Dr. Jabez G. Goble—no subject named.

1833. Samuel Hays, President, on "The Importance of Medical Men Aiming at a High Standard of Intellectual and Professional Knowledge."

1833. Samuel Hays, President, on "Spasmodic Cholera."

1833. Dr. Whitfield Nichols, Report as Chairman of the Committee on "Cholera."

1834. William Pierson, President, on "Diseases of the Spine."

1834. W. Nichols, on "Variola and other Exanimentha."

1834. S. Congar, "Translation of Broussais Pathology."

1835. L. A. Smith, "Report of Two Cases of Interest."

1843. J. L. Stearns, "Vaccination."

1844. S. E. Arms, "Odntalgia."

1845. S. H. Pennington, "Cultivation by Medical Men of a Spirit of Philosophical Investigation."

1847. Abraham Coles, "Legal Insanity."

1847. A. N. Dougherty, "Popular Insanity, Exemplified by the Favor Accorded to Homœpathy."

1849. J. Henry Clark, "Cases from My Note Book."

1851. John F. Ward, President—no subject recorded.

1852. Dr. Kent, "Erysipelas."

1852. J. Henry Clark, "Winter Miasmatic Fever of 1851–2," published in the Transactions of the National Medical Association.

1853. A. N. Dougherty. "Corpus Luteum."

1854. A. N. Dougherty, "Connection between Medicine and Dramatic Literature of the Seventeenth Century."

1854. C. Eyrich, "Digitatis and Tartrate of Potash."

1854. E. D. G. Smith, "Chloride of Sodium in Intermittents."

1855. L. A. Smith, "Dignity of the Medical Profession."

1856. L. A. Smith, "Malpractice and Empyricism."

1856. J. Henry Clark, "Professional Remuneration."

1856. J. Henry Clark, "A Remarkable Case of Gangrene, terminating in death in a few hours."

1856. L. G. Thomas, "Puerperal Convulsions."

1856. William Pierson, Jr.—subject not recorded.

1857. J. Henry Clark—subject not recorded.

1857. A. N. Dougherty—subject not recorded.

1858. I. A. Nichols, "Sanitary Policy."

1858. L. A. Oakley, "Cholera Infantum."

1859. C. Eyrich, President, "Salts of Ammonia."

1859. William Pierson, Jr., "Extra Uterine Pregnancy."

1859. Stephen Wickes, "Contagiousness of Puerperal Fever."

1860. Stephen Wickes, "Phenomena of Death."

1861. J. A. Cross, "Mortality of Infants."

1863. Stephen Wickes, President, "The Medical Man, his History and Relations."

1864. William Pierson, Jr., President, "A Review of Fifteen

Hundred Cases of Midwifery, occurring in a Practice of Thirteen Years."

1865. C. Eyrich, "Mushrooms."

OUR HOSPITALS.

Before entering upon the next subject, let us pause to record important changes and improvements. The population of our county has greatly increased. Newark contains one hundred thousand inhabitants. A long-needed requirement seems about to be supplied. We have hitherto had no hospital accommodations. We have a prospect of abundance.

We have in Newark "The New Jersey Soldiers' Home," Col. Dougherty, Commandant and Surgeon. The general plan of this most excellent and well-managed institution is the same as that of the "Hotel des Invalides" of Paris, or the "Greenwich Hospital" in London. The soldier can find here temporary relief or a permanent home.

"St. Barnabas House," under the auspices of the Episcopal Church, and the "Hospital of the Sisters of Mercy," under Roman Catholic control, are well begun. We have as yet no general hospital. Ten years ago a "Board of Directors" were appointed, with the view of establishing a Newark City Hospital. The German Hospital Fund has now become considerable. It is now proposed to combine both efforts. Newark needs an institution for the *whole people*. It is expected that Elizabeth will move in this matter soon, and Orange refuses to be outdone in anything—so that the sick of the District will be fully cared for.

MEDICAL ASSOCIATIONS.

In 1835 the "Newark Medical Association" was formed. A fee table was adopted. The fee for an ordinary visit before was a quarter of a dollar, and everything in proportion.

In 1857 the Association was revived, and a new and much more extended table, with greatly increased rates, was adopted. Your

historian, as Committee for that purpose, prepared this table, and also the fee table of the State Society, adopted the next year, also by appointment of that Society. This table has since been somewhat modified.

The "Newark Medical Association" still continues its organization. The "Essex Medical Union" was formed in 1859. It has now entered its ninth year. The meetings are held monthly at the houses of the members, and at the close of each meeting an entertainment is provided, after partaking of which the Union adjourns. As is the case with the other Association, the evening is devoted to the hearing of essays of "interesting cases," the presentation of pathological specimens, and free discussions upon any medical subject which may be presented.

OUR NECROLOGY.

It is only since the Annual Meeting, which was held at Montclair March 6, 1826, that we find in the minutes any record of deceased members.

At that meeting Dr. Jabez G. Goble presented the following resolution, which was passed:

"That it be made the duty of the Secretary to publish, by order of the Society, a respectful obituary notice of every deceased member, and direct the usual badge of mourning to be worn by the members for thirty days."

Although afterwards the resolution was somewhat modified, since that period the death of no member has failed to be recorded.

In order to bring up our necrology to this starting place, your historian has been forced to rely to some degree upon facts obtained from unreliable and indefinite sources, collected with much difficulty and no little labor.

JOHN D. WILLIAMS

was born November 5, 1765, and died January 5, 1826. He af-

fords an important connecting link between the Halsteds and Burnet, and Barnet of the ante-Revolutionary period. He studied medicine with Dr. Daniel Babbitt, in the office of Dr. John Condit of Orange. He early settled at Connecticut Farms. He must have been there during the latter years of Dr. Caleb Halsted, or have immediately succeeded him. He was a magistrate under appointment of the elder Governor Pennington, whose sister he married.

He was our first President. A special meeting was called at South Orange, January 7, 1826, when our resolution paid "a tribute of respect to a senior and much respected member."

He was buried in the old Orange burying-ground. No stone marks his last resting place. One of our members, in view of this fact, offers five dollars towards a fund to be raised for the purpose of performing a duty probably neglected in consequence of inadvertence on the part of his friends.

UZAL JOHNSON

was a short, red faced, well fed man. He had a stiff knee, and drove a low, small wheeled carriage, made especially to suit his infirmity, upon the panels of which was emblazoned the motto—"*Nonnunquam paratus.*"

He was appointed to the Provisional Congress in 1775. *He refused the appointment but entered the British service.* He was among the English pensioners either till his death, or till the war of 1812. At that time certain if not all English pensioners were obligated to remove into Canada or to forfeit their pension. It is said that Dr. Johnson contracted to call every day upon the family of the late Col. Samuel Ogden, (whose house was torn away a few years ago in order to straighten Broad street above the Stone Bridge) to learn whether any of the family were ill, for which service he received an annual stipend.

He was born April 17, 1751, and died May 22, 1827, at the age of seventy-six. He was abrupt in his manners and address. He was more a man of humor than of wit. He was a very agreeable

companion. He belonged to the class in which were found Doctors Budd, Morse, John Darcy, and others of that period. He lived in Broad street, near Commerce street, on the spot where was formerly the residence of the late Dr. L. A. Smith. The old house now stands in Commerce street, opposite the market.

ABRAHAM CLARK.

We next come to our kinsman. His father was Abraham Clark, the New Jersey signer of the Declaration of Independence, who was the only son of Thomas Clark. The father of your historian, to whom he was related—the late Rev. Daniel A. Clark—when a boy, narrated to us the manner of the death of Abraham Clark. He was superintending the erection of a bridge in his meadow, in the autumn of 1794, when he felt the effects of a *coup de soliel.* He was aware of his danger, said that he should not live, stepped into his chaise, and drove home, accompanied by the narrator, who remained with him till he died, about two hours afterwards. He was a feeble boy, but intellectually strong. He was a delegate to the Continental Congress in 1794. Dr. Abraham Clark was old enough to remember vividly the frequent shifts of his family, during the war, to avoid the enemy, and the abandonment of their homestead. Two of his older brothers were in the Revolutionary service. Both were prisoners of war—one in the "New York Sugar House," and the other in the "Jersey Prison Ship." He first practiced medicine in Elizabeth, afterwards, a short time in New York, from whence he removed to Newark. He was born in Rahway, N. J., in October, 1767. He studied medicine with Dr. John Griffiths, afterwards his father-in-law. He graduated in the University of Pennsylvania, under Professors Shippen, Wistar and Rush. He was one of the original eleven which formed the "District Medical Society of the County of Essex."

Dr. Clark was a good physician, and was, moreover, familiar with general literature and fond of scientific inquiry. He acquired much general information, had considerable conversational power,

and was an instructive and amusing companion. He was polite, cordial, sincere and benevolent, and made many friends. In his business, he was industrious, ingenious and attentive. He made a specialty of chemistry and pharmacy. He was a man of medium height, slender, of nervous manner, scrupulously neat in his attire, and always gentlemanly in his manners. He wore invariably a light-colored cloth frock coat, (in that day dress coats were invariably worn) and a ruffled shirt. Many will remember him by this pen portrait if it is added that, in his latter days in Newark, he was invariably followed by a small black and white spaniel. He practiced medicine in Newark until 1830, when he retired from business, and removed to Kinderhook, where, at the home of his daughter and only child—the widow of the late Dr. Beekman—at Kinderhook, he quietly rested from his labors till July, 1854, when he passed from earth. He was one of the Secretaries of the State Medical Society in 1824.

His former residence in Newark still stands upon the southwest corner of the Canal and Broad street. It is converted into offices and stores. The canal originally passed directly through the Doctor's garden. In common with many Newarkers of that day, he believed that the success of the canal enterprise would greatly benefit the city. It is even said that he gave the right of way.

There are few in these days who would not contribute for the purpose of ridding the city of this unmitigated nuisance. "*Tempora mutantur et nos mutamur in illis.*"

We do not learn that there were any direct medical descendants from Dr. Abraham Clark. In an indirect line, there are several, besides your historian. Our cousins, Dr. Ephraim Clark, and his his son, Dr. James Guion Clark, both of Staten Island, are descendants by a collateral branch.

SAMUEL HAYES

was born in Newark, in 1776. He died July 30, 1839. He graduated at Princeton in the class of 1776. He was a stu

dent of Dr. John B. Rodgers, father of the late Dr. J. Kearney Rodgers, from 1795 to 1799, when he was appointed "apothecary of the New York Hospital." Doctors John R. B. Rodgers, Wright Post, Richard A. Kissam and Valentine Seamen testify to his diligence, assiduity and competence to practice medicine, as well as his "integrity, uprightness and virtue," in November, 1799. He engaged in the drug business as one of the firm of Kurze & Hayes a few months, from June to August, 1803. He sailed to India as surgeon of the ship "Swan," in 1800. In 1804, we find him associated with Dr. Cyrus Pierson in the practice of medicine in Newark, till the death of Dr. Pierson, October 7th, 1806, in the 48th year of his age. Within a few years of his death, he removed from his house, where is now the Mechanics' Bank, to the old homestead near the present residence of Cornelius Walsh, Esq., then remote from the town, where he passed the remnant of his days.

His son, Dr. James Hayes, graduated at Princeton in the class of 1840, and took his medical degree in the College of Physicians and Surgeons in the class of 1844. Dr. Samuel Hayes was a man of excessive modesty, of acknowledged skill in the management of fevers. He was tall, somewhat bent, and had a small head. He was a scholarly man, very faithful to the interests of his patients. He was excessively sensitive and unwilling to present a professional bill, although he never received over *twenty-five cents* a visit. He ever maintained a high Christian character, and was universally esteemed.

JOHN WARD

was born April 26th, 1774. He studied medicine with Dr. Condit, of Orange. His first wife was Dr. Condit's daughter. He removed from Orange to Bloomfield, and afterwards to Newark. In 1830, his office was at the corner of New and Broad streets. Afterwards he removed to Orange street, and lived under the overshadowing willows which still stand, affording a characteristic feature of the eastern point of the little park. At a later period, he built the house

adjoining the present residence of Hon. Marcus L. Ward, on the north, where he remained till his death. He was a man of medium stature. He had a slight stoop apparently at the neck. Had great powers of endurance; was eminent as an obstetrician, although he never attended but one hundred and fifty cases per annum. The physician who would be first named in Newark, in this specialty, is said to have attended double that number in a single year. None will deny that he attended thrice as many as a man ought to attend in any year, at any period of his life. He was very kind and pleasant in his manners, attentive to his business, and universally esteemed. Dr. John F. Ward is said to resemble him in appearance. He died June 24, 1836, aged 62 years. He was an eminently religious man. He was a cotemporary of Dr. Hayes. Dr. J. B. Jackson, his brother-in-law, succeeded him in business. He was the ancestor of the following well-known medical gentlemen:

Eleazer Ward, brother; John F. Ward, nephew; Edward Ward, nephew; William S. Ward, nephew; George Ward, nephew; Augustine Ward, nephew; I. Monroe Ward, nephew; and J. B. Ward, grand-nephew.

Dr. Samuel L. Ward, of Belleville, belongs to a collateral branch.

SAMUEL MANNING, WILLIAM JOHNSON, JOSEPH QUIMBY, of Westfield, and DAVID MARTIN, of Springfield, were worthy, able and excellent men, but your historian is unable to obtain any facts in relation to them. With regard to the latter, there is somewhere a paper, entitled, "Recollections of David Martin, by Jeptha B. Munn." If it is found, or facts are obtained with regard to the others named, your historian takes the liberty of inviting the reader who can furnish such facts, to communicate with any officer of the Society.

Dr. ELLISON was a highly respectable practitioner of Paterson. Beyond this, your historian is not informed.

After the death of John D. Williams, twenty years passed without the loss of a single member.

The next to fall was

ABRAHAM CAMFIELD.

This was the first funeral in the experience of most of us. He was the son of Robert Camfield, the senior carriage builder of Newark. He was born in Newark, August 9th, 1797, and died August 24th, 1846. He was a tall man, (six feet two inches) of pleasing manners. Many will remember him with his everlasting satinet pants, white vest, frock coat, (others wore dress coats) white cravat, and grapevine cane. He was a student of Dr. John Ward, and studied his profession while confined to his bed with a "white swelling." He loved a practical joke, and told a good story. A special meeting was called at the Park House, August 27th, 1847, and the Society passed the usual resolutions. The Society attended his funeral in a body, as by resolution. He was a good man, and is believed to have been a sincere Christian.

JAMES LEE

had a large practice in Newark, till he left the city in 1826. He removed to Baltimore, where he died. He built a house much in advance of the times, at the corner of Clinton and Broad streets, where is now the Mutual Benefit Life Insurance Company. He was about fifty years of age when he left town. He is spoken of as ambitious and extravagant. He had for some years the finest house and drove the most elegant equipage. His professional carriage is said to have been very beautiful. His name appears often in the records of the Society.

JAMES NICHOLS

was born in Newark, January 30th, 1815. He died January 17th, 1849. It will be seen he died at the early age of 34. He was a class-mate of your historian, in the College of Physicians and Sur-

geons, New York, and graduated in the class of 1839. He was studious, reticent, nervous, quick of apprehension, and while he could be, was diligent in his business. He lived long enough to gain to a high degree, the confidence of the people. He was President of the Society at the time of his death. He was the business partner of Doctors John S. Darcy and Whitfield Nichols. He was tall and spare and somewhat stooped. He had a very serious, long, pale, thin face, and while regarded as in health, had an invalid appearance. He married Cornelia, daughter of J. Baldwin, of Elizabeth, by whom he had one child, a daughter, who died in early youth.

WHITFIELD NICHOLS

survived his brother but two years. He died, as did James, of consumption. He went down to his grave more slowly. He was born in Newark, February 6th, 1807, and died December 9th, 1851, also young; he was but forty-four. He died at his residence in Park Place, next north of the Park House. As will be seen later, his partner, Dr. John S. Darcy, has also followed him, leaving his nephew, Dr. Isaac A. Nichols, the successor of the firm of Darcy and Nichols. Drs. Isaac A. Nichols and E. P. Nichols are nephews of Doctors Whitfield and James Nichols.

He graduated at Princeton College in 1825, having entered the junior year in the class with Shippen, Ramsay, Rush, Hosack, and other distinguished men among the dead.

He was a student of Dr. Samuel Hayes, and early gave evidence of high promise. He took his medical diploma in New York, at a medical institution called "The Medical Faculty of Geneva College," whose Professors were Hosack, Mott, Francis, Macnevin, Goodman, and subsequently Bushe. He immediately opened his office in Newark, and soon after entered into partnership with Dr. John S. Darcy.

In 1836 he was obliged to relinquish his business and go to the West Indies. From even an earlier date to the close of his

life he struggled against the insidious disease which confined him to his chamber for five or six months before his decease. Dr. N. loved the profession. He was a ripe scholar, nor was he wanting in literary acquirements. On his accession to the Vice Presidency of the State Medical Society, an office which he held at the time of his death, he delivered an able address on the "Diseases Incident to Old Age," which was regarded as an able paper. He was a religious man. He was consistent in his walk and conversation. He was candid and sincere. He was broad in his judgments, and honorable and courteous in his intercourse with the profession and the public, and he had the rare but happy faculty of making everybody his friend without the sacrifice of principle or opinion.

Dr. N. was a stout man. He had black hair and black eyes. His manner was quiet and considerate, as were his judgments judicious and deliberate. He was a Director in one of our largest Banks, and his financial judgment was much regarded.

The State Medical Society as well as ours passed appropriate resolutions, and we attended his funeral in a body. His first wife was Mary Taylor, the daughter of the late John Taylor, Esq. His second wife survives him. He left no children.

JESSE DELANO

was born in New York city, February 12, 1812. He died of congestion of the lungs at Millburn, New Jersey, August 8, 1851.

In our resolutions he is alluded to as "a highly respected member of our profession, who contributed to its reputation and usefulness."

He was a tall man and rather stout. He had black hair and large black bushy whiskers. He was reticent and retiring. In his circle of practice in Springfield he was universally esteemed; this is proved by the fact that after residing for a time in Newark and New York, he returned to Springfield, to labor on till death, at the earnest solicitation of his former patrons and friends.

JABEZ G. GOBLE

was the son of Luther Goble, who, with Robert Camfield and William Rankin, contributed mainly to lay the deep foundations of the manufacturing celebrity which Newark now enjoys. It is now the fifth in the Union in point of manufactures.

Dr. Goble was born in Newark, November 13, 1799. He died February 7, 1859. He was educated from early life for a professional career. He graduated at Hamilton College in the class of 1819. He was a student of Dr. Isaac Pierson, of Orange, and an office pupil of the late Dr. David Hosack, of New York. He took his medical degree at the College of Physicians and Surgeons in New York, when under the conduct of Hosack, Hammersley, Macnevin, Mitchell, Mott and Francis. He distinguished himself as a member of the "Medico Chirurgical Society" during his student course.

He was the "Resident Physician" of Newark for many years, which then combined the duties of "Health Physician," "District Physician," and "Jail Physician." He was President of the New Jersey State Medical Society in 1839.

He at length relinquished general practice, and devoted himself to the interests of the "Mutual Life Insurance Co. of New York," with what remarkable success we all know. He had a happy faculty of pleasing. He managed to win favor for himself and still leave those with whom he conversed on better terms with themselves than before.

Dr. Goble was a man universally known. He was one of the institutions of Newark. He was tall, erect, scrupulously neat in his dress, punctual in his engagements, and gentlemanly in his manners. His *suaviter in modo* made him many friends. Many will remember his faultlessly-brushed hat and gold spectacles.

He was seldom abrupt, still always in haste, and his manner was singularly persuasive. When he died almost everybody felt that they had individually lost something. He could stand at the Post Office and shake hands with more people than almost any

other man in the city. Perhaps the two men most missed from Newark by the most people, were Dr. Jabez G. Goble and Rev. James Scott, D. D. It seemed as if they could not be spared.

Dr. Goble always took an interest in politics. He was a fluent, ready speaker. He was President of the Common Council, and served in the State Legislature.

In all works of Christian benevolence he took a very deep interest. He was conspicuous in the colonization cause, which owed its success in New Jersey greatly to his exertions. He was a Deacon in the Third Presbyterian Church in Newark.

He visited Europe in 1835. His correspondence, published in the papers while abroad, evinced considerable literary ability.

Dr. Goble died suddenly of inflammation of the bowels. His brother, John Goble, died some years ago of the same disease and much in the same manner. He was visited in his last illness by his early friend, Dr. John W. Francis, of New York, who has since followed him.

OSCAR J. AKERS

was the next of our number whom we were called to bury. He was a short, stout, good-natured, kind-hearted man. His neighbor and friend, Dr. William S. Ward, one of our members, was afflicted by the loss of three children in a single week, with diphtheria. Dr. Akers was indefatigable in his attention upon the family of his professional brother. One morning, in the midst of that week so fatal to the family of Dr. Ward, Dr. Akers felt that his throat was inflamed. Accustomed to an inflamed throat, he was not anxious, but looking into it he thought he saw the fatal eruptions. Asking another to examine, and report to him the result of such examination, he said, "*I shall not recover.*" All that his brethren could do was done to save him. He sunk rapidly, and we bore him to his grave. Dr. Akers will be long remembered on account of his admirable social qualities and sincerity. He was an honest, reliable man. He was the soul of honor, and his integrity none ever called in question.

December —, 1860, he married Mrs. Mary Cole. The profession generally were present at the wedding, and while we congratulated him upon so worthy an acquisition, we anticipated for him many years of wedded happiness. A few months rolled on, and in the same parlors we were congregated around his dead body. We were now called upon to console her whom we had so lately congratulated as a bride—she was again a widow.

Dr. Akers was born in Bloomfield in 1823. He died at his residence in New street, Newark, April 9, 1861, in the thirty-ninth year of his age. He was a graduate of the College of Physicians and Surgeons in New York.

"Adelphos," in the Daily Advertiser, writes of him: "Sleep well, beloved brother, whose life was laid down on the altar of duty. Earth can have no greener spot than the turf that covers thy true heart."

At a meeting of the Society the following resolutions are the two first of the five adopted on that occasion:

—"That the many excellent qualities of the deceased, his geniality and kindness of heart, his sound judgment and ample information, especially upon topics connected with his profession, give us great and unusual reason to mourn his loss.

—"That this painful event adds another to the many instances often too little appreciated, in which physicians have sacrificed themselves on the altar of professional duty, and that this consideration may legitimately assuage the grief of his sorrowing friends."

JOHN FRAME.

In the early years of Dr. Akers' practice he had a partner, Dr. John Frame. He was a very promising young man. He died very soon after he commenced business.

EDWARD A. PIERSON.

Our first martyr to a preserved nationality was born in Newark March 22, 1836. He was killed May 22, 1862. He was a lineal

descendant from Rev. Abraham Pierson, the first pastor of the First Presbyterian Church in Newark, and is alluded to as one of the earliest practitioners of medicine of which your historian can gain any knowledge.

He studied medicine with Dr. John F. Ward, and graduated at the "College of Physicians and Surgeons" in New York, in the class of 1858. When the war began he at once entered the service as Assistant Surgeon of the First Regiment, New Jersey Volunteers. He remained till the expiration of the "three months service." He performed its duties faithfully, and was honorably discharged. He soon after presented himself for examination, and was appointed Assistant Surgeon in the United States Navy.

January 24, 1862, he was assigned to the frigate St. Lawrence. In the ever-memorable contest with the Merrimac, a shell entered his room and he narrowly escaped injury. He accompanied the vessel to Key West, and was one of the subjects of yellow fever. He narrowly escaped with his life, and came home in a very feeble condition.

After a short stay, Dr. P. was detached to the Penobscot, which was on the blockade of Wilmington, N. C. On the morning of the 22d of May, 1862, a rebel steamer was discovered trying to run the blockade, when the Penobscot went in pursuit. A shell from Fort Fisher entered his room and exploded. The Doctor was struck by a large splinter of wood, which fractured the occipital bone. He became immediately unconscious, and lived but two hours. He had laid out his instruments, and was fully prepared to meet his expected patients.

Dr. Pierson was a young man of rare personal beauty, of vivacious manners, of remarkable memory, of great good nature, and a consistent Christian. He was the life of our social medical circle, and will be long remembered.

He was buried in Mount Pleasant Cemetery. The Society attended his funeral, and resolved:

"That we express our sincere gratitude to that kind Providence

which has protected the many from our Society, who have gone out to share the privations and to mitigate the sufferings of the brave men who were fighting the battles of the Union; and moreover, that, in view of the kind spirit of our deceased brother, and of his ample preparation for advance in his profession, and the many evidences that he was fully occupying a position of honorable usefulness, we deplore his loss to his country as well as to ourselves."

JOHN C. ELMER

was born in Goshen, Orange county, New York, April 7, 1817. He graduated at the College of Physicians and Surgeons in the class of 1840. He settled in Mendham, New Jersey, in 1840. He removed to Springfield in 1852, where he continued until his death, which occurred October 17, 1863.

He had acquired a ripe experience, and was regarded as especially skilled in diagnosis. He was very faithful to his patients, and had a strong hold upon their affections. His mind was strong and discriminating, and he was patient in research. He was a very tall, stout man; his face bore ample evidence of kindness of heart and quiet thinking, common to many men of sympathetic temperaments. He was, however, a man of strong will and very decided opinions. He was a student of Dr. John B. Johnes, of Morristown, one of the most eminent men in our State in his day. He was an eminent Christian as well as a patriot.

WILLIAM MORTIMER BROWN,

the next who fell, was born in Newark, New Jersey, September 8, 1816. He died April 4, 1864, in the forty-eighth year of his age. He was one of our most faithful, active, conscientious members, always at his post, and ever punctual in every appointment. He was one of the Deacons of the Third Presbyterian Church, and was active in every good work. He was feeble for years before his decease. He had a very strong predisposition to disease of the lungs, which rendered it unsafe for him to expose himself at night.

The disease slowly but insidiously advanced till about all available lung was consumed. He sunk to his grave "calmly, like one who wraps the drapery of his couch about him, and lies down to pleasant dreams." His manners were quiet and retiring, He was a good physician, and enjoyed to a high degree the confidence of his fellow practitioners. He regarded with especial interest the *esprit du corps* of the profession, and was ever mindful of its honor and dignity. He was a man of medium size, slim, sallow, and bore for years evidence of consumptive tendencies.

Dr. S. H. Pennington published in the Transactions of the State Medical Society, in 1865, an eloquent and elegant tribute to the memory of our common friend, which thus closes:

——— "Let them bewail their doom
Whose hopes still linger in this dark sojourn;
But pious souls can look beyond the tomb,
And smile at fate, and wonder why they mourn."

LUTHER G. THOMAS

was one of our youngest members. He was born in Newark, January 27, 1830. His name has honorable place in the Army record, as will be seen by reference to the succeeding Adjutant General's official report.

He was the son of Frederic S. Thomas, Esq., and grandson of the late Luther Goble, Esq., one of our earliest and most prosperous manufacturers. He graduated at Princeton College in 1849. He was Secretary at the first Class Meeting, and made a valuable statistical report. He was a student of the late Dr. L. A. Smith, who wrote an obituary notice, published in the Transactions of the State Society for 1865.

He received his medical diploma at the College of Physicians and Surgeons in 1852. As a student he was industrious, as a physician attentive, skillful and kind.

In 1863 he went out as Surgeon of the Twenty-sixth Regiment, New Jersey Volunteers. He died suddenly and unexpectedly

to himself and his friends, it is said, of congestion of the brain, May, 1864. He was a member of the South Park Presbyterian Church. His medical brethren accompanied his remains to their last resting place.

> Leaves have their times to fall,
> And flowers to wither at the north wind's breath,
> And stars to set—but all
> Thou hast all seasons for thine own, O, Death!

DANIEL BABBITT.

Although one of the originators of this Society, he has not been known as a physician to the present generation. He ceased to practice medicine about a quarter of a century ago. He was born in Morris county in 1778, and practiced medicine in Orange from 1811 till 1840. In civil life he filled stations of honor and responsibility.

He is spoken of as a good physician. It is said that "he ever cherished a high estimate of the rights and honor of the profession." An obituary appears in the Transactions of 1865, by Dr. William Pierson. He died May 16, 1864, in the seventy-eighth year of his age.

JOSEPH ADDISON FREEMAN

was the son of A. H. Freeman, Esq., of Orange. He was born in Paterson, New Jersey, June 25, 1833, and died at Nashville, Tennessee, December 29, 1864. He graduated at Princeton College in 1852, and took his medical degree at the College of Physicians and Surgeons in New York in the class of 1856. He first settled at "Liberty Corners." After three years he returned to Orange, and soon entered the Army. He was taken prisoner at the "seven days' fight." He received, soon after, a commission as Assistant Surgeon in the Thirteenth Regiment, New Jersey Volunteers. After the battle of Gettysburg he took the place of Dr. Love, who resigned, and later was commissioned as "Assistant Surgeon in the

Volunteer Corps," and assigned to hospital duty at Nashville, Tennessee, where he died.

He was our second martyr. His death was due, undoubtedly, to the exposures of the service. Although but thirty years of age, his medical judgment was mature. When he died one of our best young men was sacrificed upon the altar of a preserved nationality. Pierson and Freeman should ever be remembered by all patriots with peculiar affection. We sacrificed something—they gave their lives.

Many others participated in the bloody scenes of battle or in pestilential hospitals, but all else were returned to us in safety.

J. CAREY SELDEN

was a native of Powhatan county, Virginia, and a graduate of the Medical Department of the New York University. He was two years the Assistant Surgeon at "Ward's Island Hospital," New York, where he gained considerable reputation as a surgeon and physician. He established himself in Broad street, in Newark, near the Stone Bridge, in 1860, and was winning his way, despite the great infirmity which caused his death.

He was found dead in his office, November 14, 1865, having died soon after coming in from a professional visit early in the morning, and was supposed to have died in one of the epileptic paroxysms to which he was subject. He died at the age of thirty-one, and was never married. He was large and tall, pleasant and sociable, honorable in his business relations, and had made many friends. He served for some years as Acting Assistant Surgeon of the Ward U. S. Hospital in Newark.

ABEL HERVEY WILDER,

although not of our Society, was a good practitioner. We knew little of him till his later days, when he settled on the woody summit of the hill that skirts the village of Bloomfield. He was well educated in his profession; a man of honor, and much respected

by all who knew him. He was a stout, well-built man, his erect carriage and courtly manners giving him a military air. He invariably wore a ruffled shirt and a single-breasted coat. He was born in Winchendon, Massachusetts, June 16, 1801, and died in Bloomfield, New Jersey, January 2, 1864. Educated at Dartmouth College, he practiced medicine principally in Massachusetts and in Richmond, Virginia. He came among us in broken health, to work a while longer, and to die.

DAVID STEWART CRAIG.

Just as we are completing our Necrological Record, one of the patriarchs of the profession has passed away. Dr. Craig was born in 1774. He dies at the ripe age of 92. He has prescribed for three or four generations, and his ken must have extended back to our ante-Revolutionary medical ancestors.

He was over six feet high, well proportioned, had black eyes and hair. He was a good practitioner, and much respected by all the generations.

He practiced medicine always in Rahway. He once published in successive numbers in the Rahway Advocate, a history of Rahway.

Many years ago he relinquished his practice to Doctors Drake and Abernethy. He accumulated a considerable fortune.

He has, until within a very few years, occasionally attended the meetings of our County Society.

In the early history of Rahway its only lawyer asked Dr. Craig how he could live, because that he had no business. He advised him to induce another to come and he would then have no trouble.

Dr. S. C. Marsh, of our Society, was a nephew of Dr. Craig, whose name he received. Dr. Marsh was also a son-in-law of the late Dr. John C. Budd, and grandson of Dr. Isaac Morse. Few can boast such illustrious medical kindred.

DAVID CRAIG.

We have just learned that David Craig, the father of D. S. Craig, practiced medicine in Rahway back in the time of Rev. Dr

Dickinson, of Elizabeth. He had great reputation in febrile diseases. He died before the Revolutionary war. He was probably one of the earliest physicians in Essex county of which we have any record.

His name should have appeared among the first in our record. If known sooner, we should have followed up this lead. It would be very interesting to have some facts about Dr. David Craig, in a shape to be permanently preserved.

The whole of this record merely affords materials for history. An abler pen, we trust, will use this in some future time. It would be easy now to extend those sketches into a large and valuable historical volume.

Would that our record could close at this point, but, alas! we may not lay down our pen until we have inscribed on the death roll the name of one whose decease leaves a practicable breach in our ranks.

LYNDON A. SMITH,

whose name appears so often in our Transactions ever since April 28, 1829, and up to the close of the very last meeting, will be written there no longer. It must appear henceforth among the list of those who have passed away.

While in the enjoyment of his usual health, there was suddenly developed disease of the prostrate gland. Although he rallied sometimes, there was nothing like recovery. In six or eight weeks his life was terminated. The sentiment of the profession and the public could not be better expressed than in the resolution which we passed at the special meeting called to make arrangements to attend his funeral:

"*Resolved*, That in the death of Dr. Smith this Society suffers no common bereavement. Eminently social and genial in his feelings, cordial in his friendships, kind to his equals in age, fatherly toward his juniors, and ingenuous and open in all his intercourse, he had won a warm place in our fraternal regard. Educated at one

of New England's oldest seats of learning, and trained for his profession in one of our best medical schools, he united, with a generous general culture, a thorough knowledge of the principles of the liberal science to which he purposed to devote his life; and, under the guidance of a discriminating judgment and a conscientious sense of responsibility, he applied this knowledge with distinguished skill and success to the relief of suffering humanity, through a period of more than forty years. Holding in just appreciation the noble mission of his profession and its exalted rank among secular pursuits, he was warmly interested in every effort to add to its stores of knowledge to extend the limits of its resources, and elevate the standard of literary and scientific preparation to be required of those who would seek admission to its mysteries. Hence, the various associations, local and national, instituted with reference to those objects, found in him an ardent friend, a constant, ever present helper. Nor, in the walks of his profession alone, were his virtues illustrated. Humane in all his impulses, every work of philanthropy had a place in his sympathies; a sincere and consistent Christian, the Church and all her enterprises of benevolence and charity received his earnest co-operation and advocacy; a patriotic and loyal citizen, he gave his whole heart to his country's cause, and in the day of her calamity, laid the son of his old age a sacrifice upon her altar."

Dr. Smith was the son of Rev. Ethan Smith. He was born at Haverhill, New Hampshire, November 11, 1795. He graduated at Dartmouth College, August, 1817, where he also took his medical degree in 1822, and removed to Newark from Williamstown, Massachusetts, in July of 1827. He died in Newark, December 15, 1865, in the seventy-first year of his age.

His death was universally regretted. The present generation will never forget the benignant, cheerful greeting, the warm grasp of his hand, and his hearty co-operation in all that tended to honor the profession and to advance the interests of our Society.

Dr. Abraham Coles, President of the Medical Society of New

Jersey, at the Centenary Anniversary held January, 1866, thus alludes to Dr. Smith:

"Such greetings did your recent coming wait,
O aged pilgrim! at the heavenly gate,
When man's allotted years on earth now spent,
You, dying, 'to the greater number went.'
What though your body moulders 'neath the sod,
Its untouched life is hid with Christ in God."

This is the last death in our annals.

We are glad to reach the close of this dismal catalogue. May it be long before the Secretary shall have occasion to call another special meeting, or we to tie upon our arms the badge of mourning.

OUR ARMY AND NAVY RECORD.

We now turn to the much more cheerful task of recording the names of the living,* whom we sent out to perform medical and surgical duties in the Army and Navy during the great Rebellion so recently ended. We sent our full quota, and all of them deserve the praise of their countrymen and the thanks of the nation.

The following record of the services of gentlemen from the Essex Medical District in the Army and Navy of the United States, were kindly furnished, at our own request, by William S. Stryker, Esq., Adjutant General of the State of New Jersey. He remarks that the rolls of the Navy Department are "very incomplete," and as some error would be likely to occur also in the Army record, it has seemed to us better to adopt the alphabetical order. The narratives which follow are supposed to contain all the facts:

John D. Brumley was commissioned Surgeon U. S. Vols., with rank of Major, Feb. 19, 1863. Breveted Lieut. Colonel for meritorious services during the war, and honorably mustered out March 13, 1866.

J. H. H. Brientnall was appointed an Acting Asst. Surgeon U.

*Note.—Dr. Calhoun died after the Semi-Centennial Anniversary.

S. Navy, Dec. 18, 1863, and resigned Nov. 5, 1862. In 1861, he was on duty on U. S. S. Crusader.

James T. Calhoun was appointed Asst. Surgeon U. S. Army, with the rank of First Lieutenant. April 13, 1863: promoted Captain and brevetted Major U. S. Army, March 13, 1865, and died at Hart's Island, N. Y. Harbor, July 19, 1866.

Alexander N. Dougherty was commissioned Surgeon 4th N. J. Vols., Aug. 17, 1861: made Surgeon U. S. Vols. with rank of Major, Sept. 30, 1861: brevetted Lieut. Colonel and then Colonel for meritorious services during the war, and honorably discharged Oct. 20, 1865.

Gabriel Grant was commissioned Surgeon 2d N. J. Vols., June 18, 1861, appointed Surgeon, October 5, 1861, and resigned Jan. 13, 1863.

Edgar Holton, commissioned Asst. Surgeon U. S. Navy, Jan., 1861. In 1863, on duty on iron clad steamer Passaic, and on steam gunboat Sassacus. Resigned Oct. 12, 1864.

John H. H. Love was commissioned Surgeon 13th N. J. Vols., July 19, 1862, and resigned Jan. 25, 1864.

Charles F. Lolbach was commissioned as Asst. Surgeon 7th N. J. Vols., June 4, 1865: promoted Surgeon same regiment Oct. 11, 1864, and was honorably mustered out at the close of the war, July 27, 1865.

Lewis W. Oakley was commissioned Asst. Surgeon 2d N. J. Vols., May 27, 1861: promoted Surgeon 4th N. J. Vols., Oct. 12, 1861: transferred to be Surgeon 2d N. J. Vols., Jan. 6, 1862: mustered out by reason of expiration of term of service, June 21, 1864: appointed Surgeon General of New Jersey, Dec. 27, 1865.

Joseph D. Osborne was commissioned Asst. Surgeon 4th N. J. Vols., Aug. 17, 1861: promoted Jan. 6, 1862 to be Surgeon of same regiment and was mustered out by reason of expiration of term of service, Nov. 15, 1864.

George Peck was appointed in the U. S. Navy, Feb. 25, 1851; commissioned Surgeon, U. S. Navy, ranking with Lieut. Command-

er, May 30, 1861. In 1865, on the U. S. S. Dictator. In 1866, on the U. S. S. Vanderbilt. In Jan., 1867, awaiting orders. Still in service.

William H. Pierson was appointed Acting Asst. Surgeon U. S. Navy, Aug. 18, 1862. In 1863, on U. S. S. Water Witch. In 1865, on the Pontoosac. In 1865, May 19, was Acting Passed Asst. Surgeon. In 1866, was on an iron clad, on duty at New Orleans. Still in service.

Daniel M. Skinner was commissioned Asst. Surgeon U. S. Navy Jan. 24, 1862. In 1863, on sloop Vincennes. In 1865, in the West Gulf Blockading Squadron, and recalled to be Asst. Surgeon Naval Academy, Newport, R. I. Resigned May 15, 1865.

E. D. G. Smith was appointed Acting Asst. Surgeon U. S. Navy Aug. 12, 1861. In 1862, on U. S. S. Magnolia. In 1864, on U. S. S. Arkansas, and honorably discharged Nov. 23, 1865.

Charles W. Stickney was commissioned Asst. Surgeon, Aug. 3, 1863, of the 33d N. J. Vols., and was mustered out with the regiment at the close of the war, July 17, 1865.

Luther G. Thomas was commissioned Surgeon 26th N. J. Vols. Sept. 26, 1862, and was mustered out with the regiment, June 27, 1863.

R. E. Van Geison appears in 1861. He was (in 1862) on duty on the iron clad steamer Galena, as an Asst. Surgeon U. S. Navy.

H. C. Van Gieson was appointed Feb. 10, 1864, Acting Asst. Surgeon U. S. Navy, and resigned May 17, 1865.

Edward T. Whittingham was appointed Asst. Surgeon U. S. Army, with the rank of First Lieutenant, April 16, 1862, and resigned Nov. 12, 1863.

Addison W. Woodhull was commissioned Asst. Surgeon 5th N. J. Vols., August 23, 1861; promoted Surgeon 9th N. J. Vols., Feb. 6, 1862, and honorably mustered out by reason of expiration of term of service, Feb. 7, 1865. He was wounded at Young's Cross Road, July 27, 1862, also at Whitehall, May 6, 1864.

The following medical gentlemen served in the Ward U. S. General Hospital, in Newark, for a longer or shorter period:

J. A. Cross, A. M. Mills, Edgar Holden, J. D. Osborne, Milton Baldwin, William S. Ward, J. D. Cutter, E. P. Nichols, J. Carey Selden, and S. H. Orton, son of Dr. James Orton, of Caldwell.

J. D. BRUMLEY

had a checkered experience in the service. He entered as a "contract surgeon," upon a single day's notice, at the solicitation of Lieut. Colonel A. N. Dougherty, May 23, 1863. He was first assigned to duty with the 7th Michigan Vols., in the brigade of which Col. Dougherty was Chief Surgeon. The period of his "contract" ending just before the seven days' fight, he remained by the request of his officers, and after the fight at Savage Station, having remained to take care of the wounded, he was taken prisoner. He was sent to Libby Prison, at Richmond, and detained a month. He at once made another "contract," and entered upon duty. He went before the Board of Examiners, at Washington, and was accepted as Assistant Surgeon of Volunteers. The Senate delaying his confirmation, he again entered by "contract," January 2, 1863, and was assigned to duty in hospital at St. Louis, Mo. Receiving his commission, he was ordered to Memphis, Tenn., and to the charge of the General Hospital. In January, 1864, he was ordered to close his hospital, and proceed to Louisville, Ky., and to take the general superintendence of all the hospitals in that vicinity.

After two months, he was assigned to duty as "Chief Surgeon of the 1st Division of the 4th Army Corps, Department of the Cumberland." He remained with the 4th Army Corps, filling the position also of "Medical Inspector" and "Medical Director," until the autumn of 1865. He accepted the same positions in the Atlantic campaign—with Hood at Nashville. After the capture of Richmond, he was ordered with his Army Corps to Texas. It

was there disbanded. However, Dr. B. remained as Chief Surgeon of the "Central District of the Department of Texas," till mustered out, March 15, 1866.

He did service in every rebel State except two, and nearly all of the Northern States east of the Mississippi river.

JOHN H. H. BRIENTNALL,

was born in New York, April 14, 1831. He was the son of the late Rev. Thomas Brientnall, and graduating at Burlington, N. J., in the class of 1853, he took his medical degree at the College of Physicians and Surgeons. Entered the Naval service December 18, 1863. He served one year on board the U. S. Steamer Crusader, Captain A. R. Rhend, in the South Atlantic Blockading Squadron. With the other officers, he is commended for gallant behavior. He saw considerable very severe and perilous service.

JAMES THEODORE CALHOUN.

The language applied to the circumstances attending the death of Dr. John Chetwood, in 1832, with some modification, is applicable to Calhoun. The morning found him ministering to the suffering; that very evening he found a grave. At the early age of twenty-seven he had finished his life-work, and at this age he had accomplished more than many men at three score years and ten.

We knew him intimately in the earliest years of his professional life, and always appreciated his restless activity, his desire for usefulness, his skill, his zeal, and his devotedness to the profession of his choice.

While quite young in the profession, he wrote an excellent article on the Influences of Mill-Dams in Rahway, which did much to accomplish their removal, and consequently an almost miraculous change in the healthfulness of the town. His friend, and in the Army of the Potomac his superior officer, Col. A. N. Dougherty, says of him: "Notwithstanding his duties in the field, he found

time to devote to professional literature. In a series of articles to the *Philadelphia Medical Reporter*, he gave to the profession some of the results of his observation and experience during the war."

Dr. Dougherty bears ample testimony to his activity, his faithfulness, and of his executive ability. "While at Brandy Station, we had a Division Medical Society, which was probably the most vigorous and useful of any in the army. Its efficacy was mainly due to his earnest endeavors and professional prelections."

Again: "During General Grant's campaign to Petersburg, he displayed admirable qualities. The wounded had implicit confidence in him, and preferred his attentions to those of any other." With regard to another period, Dr. D. remarks: "His superior energy and activity caused him to be selected for the charge of the colored hospital at City Point. He raised it from a despicable position to the first rank, eliciting the warm commendation of the Chief Medical officers."

At Gettysburg, where he assisted in the amputation of the leg of General Sickles, Dr. D. says of him: "In this bloody fight his energies and resources were taxed to the utmost, but he *was never found wanting*." And at another point of time: "He not only systematized and improvised his hospitals, but *he was the best operator in them.*"

These quotations could be extended with additions from other sources, but it is surely unnecessary. Few knew him as Dr. D. did, or had such ample opportunities to understand his excellence, and none better than he knew how to appreciate surgical skill or professional excellence. It would be unnecessary to say, if we were not writing history, that the very same administrative ability, the same fidelity, the same activity and skill which marked his career in the field and in improvised hospitals, were manifest in the conduct of the Ward U. S. Hospital in Newark, which continued under his charge until it was disbanded.

He was a small, nervous, wiry man—the world owes much to this kind of men in works of initiation and progression—sociable.

pleasant, affable, approachable and kind. His executive ability was manifest in his manner and address. He was not less a martyr than Pierson and Freeman. It requires precisely the same sort of heroism to face the pestilence that it does to lead a charge or storm a battery. In his death Dr. C. proved that he possessed the virtues of patriotism, zeal, patience, self-abnegation, honor and endurance which are attributed to him by Col. Dougherty. He sleeps with the heroes of the Great Rebellion.

The following letter has been received from Mrs. J. Theodore Calhoun, which is followed by an interesting communication from Dr. Calhoun himself to the Department, which, together, furnish a very full account:

ST. DENIS HOTEL, NEW YORK, June 29, 1867.

Dr. J. Henry Clark, Newark, N. J.:

DEAR SIR:—I received your letter a day or two since, and shall be most happy to give you the dates which you request.

I have copied a letter addressed by Dr. Calhoun to the Board of Examination on Brevet Appointments in the Regular Army, thinking that you might find some facts in it which might prove of interest to you.

Dr. Calhoun was born at Rahway, New Jersey, September 17, 1838, and commenced studying medicine at the age of sixteen, in the office of Dr. Samuel Abernethy, of Rahway, who always evinced a warm interest in him. He graduated at the University of Pennsylvania, at Philadelphia, on the 17th of March, 1859, in the twenty-first year of his age.

He commenced practice at Rahway immediately after he graduated, and continued in practice for two years, until he entered the service in June, 1861, as Assistant Surgeon of the Fifth Excelsior, Seventy-fourth New York Volunteer Regiment. He received an appointment as Assistant Surgeon in the Regular Army in May, 1863, and was assigned to duty as Surgeon in charge of the Ward U. S. A. General Hospital, on the 24th of September, 1864.

On the 3d of May, 1865, he married Miss Nora C. Orr. He had one child, born on the 22d of February, 1866. The babe was taken ill at Hart's Island, New York Harbor, on the 18th of July, the day preceding his father's death, of cholera infantum, and died at Newark on the 28th of July, 1866. The Hospital at Newark was discontinued in September, 1865, and Dr. Calhoun superintended the sales of the Government Hospitals in the Department of the East; after which he became Medical Director of Transportation at New York city, where he remained from December, 1865, until the middle of May, 1866, when he was placed on the Board of Officers appointed by the Government to examine and decide upon cholera disinfectants, more particularly the "Phœnix Disinfectant," upon which he did not report favorably. He visited several places for the purpose of trying it, including David's Island, New York Harbor, where he tried it upon spoiled eggs.

He was about to be ordered to Augusta, Maine, when an exchange was made between Assistant Surgeon Harvey Brown and himself, and he was ordered, on the 4th of June, 1866, to Hart's Island, as Post Surgeon, relieving Dr. Brown.

On the 6th of July the first deaths from cholera occurred. At 9 o'clock that morning, part of the Second Battalion of the Seventeenth Infantry were leaving Hart's Island for Texas, when Dr. Calhoun noticed that one of the men looked ill, and he ordered him to report at the hospital. He died that evening about 7 o'clock. Before 9 the following morning two other deaths occurred among Germans, who had arrived but a day or two before from the cholera ship Hamburg. About two weeks previous to this there had been between forty and fifty cases of cholera morbus. Three of these cases Dr. Calhoun and Dr. Rowe, U. S. A., subsequently pronounced Asiatic cholera. All of them recovered at that time, though some of them died afterwards of cholera. This attack was supposed to have been caused by one of the cooks having boiled beans (which had been given that day as part rations to the men,) with salt water.

There were no more cases of cholera until the 6th of July; after which it continued to increase fearfully, sixty-eight deaths occurring previous to that of Dr. Calhoun, which took place on the 19th of July, 1866.

On the day previous Dr. Rowe, the Assistant Surgeon, was taken with cholera, but recovered. The same day a colored woman in the adjoining house to our General Doubleday's, a servant, was taken. Mrs. Doubleday was much attached to her, and Dr. C. was with her a great deal, as Mrs. Doubleday urged him to try to save her.

At 12 o'clock that night he wrote a letter to his mother, in which he expressed no fears for himself, but said, that if the worst came to the worst, he should die with his harness on. He seemed then as well as usual, except that he was very tired and nervous, and said he felt a slight tendency to diarrhœa. He took some burnt brandy and paregoric and retired to rest, and slept until 4 o'clock, when he was taken with vomiting and purging.

I immediately called Dr. Webster, a friend of Dr. Calhoun's, and the Surgeon commanding David's Island, who, together with Dr. Van Courtlandt, of New Rochelle, Dr. Thompson, and Dr. Morris, who were sent for, attended him, although he prescribed for himself until 10 o'clock, and he died at half past 12.

He seemed impressed from the first that he would die. He said to Dr. Webster: "Webster, you understand me what I mean; I am grateful to you for your kindness, but I believe that if you and Dr. Van Courtlandt had not come, my nervous enthusiasm would have kept me up, and I should not have had this attack."

Dr. Van Courtlandt and Dr. Webster came the night before, and remained at Hart's Island that Dr. Calhoun might have some rest. He was very calm through the whole, and when General Doubleday came in the room, he took his hand and said: "General, I hope I have done my duty; it is a great consolation to me to know that I shall die at my post." The General, with tears in his eyes, said: "Calhoun, you have done more than your duty;

nobly and bravely you have sacrificed your life, and like a soldier, you will indeed die at your post." He then left the room, and several of the officers came in, but he seemed much exhausted and did not speak to any of them.

He made all his arrangements with great calmness, telling me what he wished done with little Charlie, in the event of my being taken, and requested me to take him to Rahway and bury him there. He was conscious almost to the very last, even when he could not speak. When he sank in the collapse I endeavored to arouse him, and asked him what I should say to his mother for him. He replied: "Tell my mother that I died a Christian." His breath was then failing, and grew fainter and fainter until it ceased.

My little boy was then very ill, and the physicians all said he could not live another night unless he had change of air. Dr. Abernethy and Mrs. Calhoun arrived about 7 o'clock, and he said another night there would kill him, and, as I feared I would lose my child, too, I reluctantly consented to leave. I could not bring the body away then, as the officers of the post would not allow it, and Dr. A. said I could not pass it through the city without a permit.

He was buried that night about 12, by Colonel Swan and his brother officers, among whom were Colonel Prime, Captain Bayne, and Lieutenant Krebs. Colonel Swan read the Episcopal burial service. I could not remove him until very cold weather, but selected a plot in the Cemetery of Hazlewood, about two miles above Rahway, and had a tomb built there.

I wrote to General Grant, U. S. A., and General Butterfield very kindly delivered the letter in person, stating that I wished to remove Dr. Calhoun's remains from Hart's Island, and desired a military escort. General Grant sent an order from Washington, detailing two companies of the "permanent party" at Bedlow's and Governor's Islands, and the band from Fort Columbus, as a guard of honor.

The weather was very severe at that time, but as soon as it was possible to navigate the East River, Major R. C. Morgan, of the Quartermaster's Department, detailed a steamer for us, and, accompanied by my mother and brother-in-law, we went to Hart's Island. General McIntosh, the officer in command, received us very kindly, and all the officers of the post accompanied us to the grave. I had determined to have the coffin opened, which the undertaker did. My husband was very slightly changed, except that his face was dark, but the expression and the features were the same; his hands were as white and perfect as ever; even the linen wristband looked as white and stiff as if just put on, and, except a few of the buttons, his uniform was untarnished.

General McIntosh had the flag placed at half-mast, and a guard of honor detailed, under command of Captain Kellyer, to escort the remains to Jersey City.

On Friday, the 22d of February, 1867, the funeral services were held at the Second Presbyterian Church, of which the deceased was a member. There had been a memorial sermon preached by the Rev. J. A. Leggett, on the second Sunday (30th July) after Dr. C.'s death, so the Episcopal burial service was read by the Rev. Dr. Abercrombie.

After the service in the church, the regulars, escorted by the New Jersey Veteran Volunteers and the New Jersey Rifle Corps, marched to the Cemetery of Hazelwood, where they met the remains. The coffin was enveloped in the United States flag, and on it were laid Dr. Calhoun's sword, sash and cap; a crown of immortelles, and an anchor and cross of white flowers.

Little Charlie was placed in the same tomb with his father, after which Rev. Mr. Hodges read the conclusion of the burial service, and the permanent party from Governor's Island fired the military salute.

The funeral was attended by the Common Council of Rahway, Colonel Shepard, U. S. A., Major Cuyler, commanding the escort,

Major McIntosh, Major McConnell, and other officers of the Regular Army.

The people of Rahway united their efforts to testify their respect to Dr. Calhoun's memory. The houses were draped with mourning and the flags placed at half-mast throughout the place. At Mr. Crowell's, where but a few months before the Doctor attended a large party, the columns of the house were draped with mourning very heavily, and several flags beautifully intermingled with it.

Dr. Calhoun received two brevets for faithful and meritorious services during the war, dating from the 13th of March, 1865, while in command of the Ward U. S. A. General Hospital; and since his death, the President has brevetted him Lieutenant Colonel in the Regular Army, for "distinguished and meritorious services at Hart's Island, New York, where cholera prevailed, to date from the 19th of July, 1866."

I have had a monument designed by Mr. Jardine, of Rahway, which is nearly completed, and will be erected in a short time. It is of marble, on a granite base; the second base, which is of marble, is supported by columns surmounted by vases of flowers, and around the base of the shaft is a wreath of ivy, and above that a broken lily. Over the shaft the flag is thrown, while on one side is the Third Corps badge (a white diamond with a three-leafed clover,) and on the opposite side is a masonic emblem.

While Dr. Calhoun was in the field he organized a Medical Society; he was a correspondent, also, of the New York Times, and contributed some valuable papers on Military Surgery to the Medical and Surgical Reporter.

Very truly yours,

MRS. J. THEODORE CALHOUN.

[We have introduced the letter of Mrs. Calhoun—omitting some details in recollection of the day when most of our Society were present at their nuptials beneath the canopied banner—because it is an eloquent tribute of the undying affection of a young wife,

now childless, who loves to cherish the recollections and embalm the memory of her first loved and first born.]

The following communication from Dr. Calhoun is furnished by Mrs. Calhoun, at our request. It contains facts not found in her interesting narration and completes the history:

U. S. A. TRANSIT HOSPITAL,
NEW YORK CITY, April 14th, 1866.

Captain C. H. Morgan, U. S. A.:

In conformity with the requirements of your circular, dated March, 1866, I have the honor to submit the following synopsis of my military history:

I entered the service in June, 1861, as Assistant Surgeon of the Fifth Excelsior (Seventy-fourth New York Volunteer Regiment). In August the regiment became attached to the Army of the Potomac, Second Brigade, Second Division, Third Corps.

In November I was promoted Surgeon, in which capacity I was on duty with my regiment at the siege of Yorktown, the battles of "Williamsburg, Fair Oaks, siege of Richmond and Seven Days' Battles," and also what was known as "Hooker's Malvern," and several other more or less important skirmishes.

I was present, in a like capacity, at the several battles of Bristow Station, Second Bull Run, and Chantilly, of Pope's campaign, having several other regiments besides my own in charge.

The Third Corps, to which my regiment was attached, did not participate in the Antietam campaign.

I was present with my regiment at the battle of Fredericksburg, and, under the new regulations of the Medical Department, was detailed as "Operating Surgeon" of my brigade.

In January, 1863, I passed a satisfactory examination before the Regular Army Medical Board, and immediately thereafter, without solicitation on my part, I was appointed "Surgeon-in-Chief of Second Division, Third Corps," commanded by Major General

Commissioned Assistant Surgeon of the Regular Army in May, I was continued on duty as Surgeon-in-Chief of the Division, and, as such, participated in the battle of Chancellorsville, (where General Berry commanding the division, was killed), and in the subsequent marches, up to the battle of Gettysburg.

At Gettysburg the Medical Director of the Corps, Dr. Thomas Sims, was called upon to accompany General Sickles to Washington, and I was placed on duty as Acting Medical Director of the Corps. How well I acquitted myself of the heavy responsibilities thus thrown upon me (for the Third Corps had an unusual number of wounded), is best told by the fact, that, although at that time almost the junior Assistant Surgeon of the Regular Army, I was continued on duty as Acting Medical Director of the Corps through the subsequent marches of the corps in pursuit of the rebel army, including the affair at "Wapping Heights," and until it went into camp at the Rappahannock, when I rejoined my division.

During the time I was Acting Medical Director of the Corps, and while it was in line of battle on the Antietam, a new and unorganized division joined it, the Medical Department of which I completely organized and equipped.

When the army made the demonstration upon the rebel line on "Mine Run," I was present, directing the Medical Department of the Division to which I was attached, and which lost heavily.

In the reorganization of the army, the division became the Fourth Division of the Second Corps. I continued the Surgeon-in-Chief during the battle of the Wilderness, and until it became consolidated at Spottsylvania Court House.

During the remainder of that campaign I served as Assistant to the Medical Director of the Second Army Corps, and as such, was present at the various battles in which that command was engaged.

In July I was ordered to City Point, and placed in charge of the Hospital for Colored Troops of the Army of the Potomac, in which capacity I had the care of most of the wounded colored troops from the "Burnside Mine Explosion."

In September, 1864, I was ordered to the Department of the East, and placed in command of the "Ward U. S. A. General Hospital," at Newark, New Jersey. While acting as such, I planned and constructed a new hospital, its enclosure containing twenty-four acres of ground.

In September, 1865, the hospital at Newark was discontinued, and I was placed on duty under the orders of Brevet Brigadier General Satterlee, Medical Purveyor U. S. Army, in superintending the sales of the medical and hospital property at the U. S. A. General Hospitals at New Haven, Conn., Worcester, Massachusetts, Augusta, Maine, and of the Post Hospital at Concord, New Hampshire. This duty fulfilled, I was placed in charge of the "U. S. A. Transit Hospital" in New York city, where I now am:

During the time I was continuously on duty in the field, (from August, 1861, to September, 1864,) the command with which I was on duty was never in an action but that I was present, performing the duties of my station.

I have served respectively upon the staffs of Major Generals Berry, Binney, Sickles, Humphrey, Mott, Prince, Carr, Hancock, French and Graham, to any or all of whom who survive, I feel that I may confidently refer, as well as to the several Medical Directors of the Army of the Potomac, Second and Third Corps, and Department of the East.

I have the honor herewith to submit the endorsements of those of my commanding officers whose present address is known to me.

Very respectfully, your ob't serv't,

J. THEODORE CALHOUN.

ALEXANDER N. DOUGHERTY

was born January 1, 1822, in Newark, N. J. He was educated at Oberlin College, Ohio, and graduated in medicine at the College of Physicians and Surgeons, New York city. Entered the milirary service in 1861, shortly after the battle of Bull Run, having

been appointed by Governor Olden Surgeon of the 4th New Jersey Vols.

We give Dr. Dougherty's experience more in detail, because it admirably illustrates the value of the medical staff to our army, and of the duties performed by members of the "Essex District Medical Society."

This regiment was one of those constituting the 1st New Jersey Brigade, under Brigadier General Philip Kearney. September 30th, of that year, Dr. Dougherty was examined before the Board in Washington, passed as a Brigade Surgeon, and shortly afterwards assigned to duty in charge of the medical department of the 1st New Jersey Brigade. In February, of the following year, he was ordered to report to General Dana, commanding a Brigade in the Corps of Observation, lying at Poolesville, Md. In this command, which made a part of Sedgwick's Division of the 2d (Sumner's) Corps, he went through the Peninsular campaign, being at the close of it, by the promotion of Dr. Lidell, U. S. V., to the Medical Directorship of the Corps, Sedgwick's Division Surgeon. During the campaign, as will appear by the following extracts from the books of the medical department of Dana's Brigade, Dr. Dougherty was largely instrumental in saving the Army of the Potomac from the dreadful effects of the scurvy, he being, so far as he knows, the first to call the attention of the authorities to the presence of that formidable scourge of armies.

Under the head of remarks, May 31, occurs the following:

"In a report made to Dr. Lidell, (Division Surgeon) urged the importance of the men having potatoes, dried apples, &c., furnished them, first from the company fund, then as a part of the ration. Mentioned the difficulty of procuring these things in sufficient quantity, as alleged by the Brigade Commissary. Reported names of medical officers. Ordered the medical officers to see the moment the hospital tents are pitched, that they are supplied with a thick flooring of corn-stalks, or pine or cedar branches, or that

bedsteads are constructed—some means provided for keeping the men off the ground.

"June 1.—Fight at Fair Oaks Station afternoon of 31st ult., (yesterday); 20th Massachusetts and 7th Michigan in; made next two or three days thirteen amputations—ten of thigh, one of leg, one of arm, and one of shoulder joint.

"June 13.—Very lively shelling before five this morning, especially about Sedgwick's headquarters, by which one man of Gorman's Brigade was killed. He lay beside a log, and the shell struck it, knocking off a piece which took off the back of his head; killed him instantly. To-day sent to General Dana an urgent appeal in behalf of issuing to the men potatoes and dried apples, as the scurvy is on the increase.

"Commented to Dr. Lidell on the great increase in the sick list, due partly to the return of patients from hospital not half cured.

"June 14.—Reported to Dr. Lidell the condition of the Brigade as regards scurvy, and urgently solicited attention to it. Stated what I had done.

"Very quiet along the lines last night; some dodge probably. Cat in the meal bag. Heard their drums distinctly this morning. My report on scurvy to General Dana has produced immediate effects; made a great hubbub. Dr. Smith, from McClellan's, came to-day to investigate. * * * * * * *

"June 17.—Urging again the necessity for an ample supply of fresh vegetables. Also suggesting a substitution of malt liquor for the whiskey ration.

"June 19.—Massachusetts 19th, twelve marked cases. Forty-two with spongy gums.

"Massachusetts 20th, two hundred and twenty taking potatoes for scurvy.

"Michigan 7th, one hundred and sixty-six do. Four with well-marked eruption and swelling.

"New York 42d, seven cases well marked. Ninety men taking preventives."

The following extracts are taken from the "Order and Letter Book:"

"HEADQUARTERS DANA'S BRIGADE, FAIR OAKS, VA., June 16, 1862.

"CIRCULAR.

"There are at these headquarters six barrels of potatoes and some dried apples, for distribution among those who have scorbutic symptoms. They will be placed in your hands for such use. I would have you examine the gums of each man in your regiment, and when found spongy, whether other symptoms of scorbutus exist or not, I would have him take grated or mashed raw potatoes, say a couple of tablespoonfuls, with vinegar, if possible three times a day, and to insure his taking it, I would have him come to the hospital tent for his dose, registering his name, and keeping track of him until all symptoms of the disease have disappeared.

"Let every Captain understand that any man with spongy gums is at once to present himself for treatment.

"The apples, also, will be distributed as in your judgment may be advisable. If your potatoes hold out, you may give some to the patients to cook. Indeed, I would get rid of them before spoiling, at all events.

"To each regimental surgeon.

"Signed, A. N. DOUGHERTY, Brigade Surgeon.

"P. S.—You will send for those things at once."

Report made to General Sedgwick, through Dr. Lidell, on the General Hospital at the Turner House:

"HEADQUARTERS DANA'S BRIGADE, FAIR OAKS, VA, June 18, 1862.

"DR. LIDELL,

"SIR: As directed, I went this morning to the Turner House Hospital, and carefully examined each patient there belonging to Sedgwick's Division, sending back to duty at once, all such as appeared capable of it, and as to others not yet quite recovered, giving them another week's respite. There are still, as

you will see by the accompanying papers, quite a number pronounced unfit for service at present, and likely to remain so for some time, some of them being incurable, (consumptive, decrepid, &c.) Of course, at the earliest practicable moment, such men will be discharged. I would recommend that the men with undoubted phthisis be discharged at once, that they may be enabled to see home once more, as recovery is quite out of the question. Dr. Hayward desires that Lieut. Riddell, who has been of the utmost service to him in the procuring of stores, &c., may be detailed as Assistant Quartermaster. Lieut. Riddell is an invalid, having lost an arm in the service, and is not yet strong enough to bear the fatigues of active service.

"Dr. H. complains that he is greatly straitened in the matter of fresh beef and fresh vegetables, finding it almost impossible to procure these articles. He is especially in need of potatoes, wherewith to combat the scorbutic symptoms, which so many of the men exhibit.

"It will be observed that the number of patients from Burns' and Gorman's Brigades are affected with this disease, so that it is obviously not confined to Dana's Brigade.

"I learned from Dr. H.'s books that the number of patients is 262, exclusive of nurses and guards, who are convalescents; and of this number, 120 belong to Sedgwick's Division, the rest being made up from several other Divisions of the army, principally Richardson's. This includes the patients at the church a mile beyond.

"Of these 120, 46 are ordered to return to duty either at once, or, in the case of a few, at the end of a week or so.

"Although not a subject of inquiry committed to me, Dr. H. desired that I would send along with this report his list of deaths up to this date.

"Respectfully submitted.

"Signed, A. N. DOUGHERTY, Brigade Surgeon.

"P. S.—I would recommend the immediate issue of potatoes and

onions to the hospital, and a quantity of potass bi-tart, to be added to the hospital stores. A. N. D."

In consequence of these representations, the following order was issued:

"MEDICAL DIRECTOR'S OFFICE, FAIR OAKS, VA., June 19, 1862.

"BRIGADE SURGEON J. A. LIDELL,
Medical Director Sedgwick's Division,

"SIR: You will assemble at the 'Adams House' Hospital, at 7 o'clock P. M., to-day, as many of the medical officers of your Division as can conveniently be brought together, to consult and deliberate upon the causes of the diseases now prevailing in this Corps; to suggest, to the best of their ability, any practicable means of preventing their increase; to give their opinions, from their own observations, of the relative advantages of treating the sick in the regimental and General Hospitals, and to advise the Medical Director of the Army, if, in their opinion, he can do anything more than has already been done to promote the health of the soldiers of this Corps.

"Very respectfully, your obedient servant,
"J. F. HAMMOND, Surgeon and Medical Director."

Just before the battle of Antietam, Dr. Dougherty, who had been home for twenty days on sick leave with jaundice, the result of the Peninsular campaign, was made Acting Medical Director of the 2d Corps; becoming Medical Director afterwards when the army was on its way down to Falmouth. When the Grand Divisions were formed, he was made Medical Director of the Right Grand Division, (General Sumner's) composed of the 2d and 9th Corps; attaining thus a higher and more responsible position than was accorded at any time during the war to an officer of the Volunteer Medical Staff.

At the dissolution of the Grand Division organizations, he was returned to the 2d Corps, with which he served thenceforward as

Medical Director, up to Dec. 2, 1864, when he was ordered by the Secretary of War to report to General Hancock, at Washington, as Medical Director of the 1st Veteran Corps. In this capacity, he presided over the examination of candidates for medical positions in the Corps, till the spring of 1865, when he was made Medical Director of the Department of West Virginia, in which were six General Hospitals, with a total of more than 4,000 beds, giving him the rank and pay of a Colonel of cavalry. The close of the war soon after, broke up his department with others, and he was at length mustered out as supernumerary, Oct. 20, 1865.

Dr. Dougherty received a shell wound in the groin (a contusion) at the battle of Spottsylvania, May 20, 1854, and got a ball through his india rubber poncho, Oct. 27, '64 at the battle of Reams Station, while acting as an *aide* to General Hancock, and conveying orders under fire. For distingushed and meritorious services he was twice brevetted, leaving the army with the rank of Brevet Colonel, U. S. V., and with most flattering testimonials from his superiors, both medical and military.

GABRIEL GRANT

graduated at Williams College, Massachusetts, in the class of 1846, and in the College of Physicians and Surgeons in the class of 1851. He practiced medicine in Newark, New Jersey, and entered the United States service June 13th, 1861, as Surgeon of the Second Regiment, Second Brigade, New Jersey Volunteers, under command of General Kearney, and served with the regiment at the first battle of Bull Run. He was examined at Washington by the United States Army Medical Board, and promoted at the same date to Brigade Surgeon of Volunteers,—afterwards designated by act of Congress as Surgeon of United States Volunteers. November 4, 1861, he was assigned to Palmer's Brigade of Cavalry. This brigade organization being abandoned, he was assigned, December 12, 1861, to French's Brigade, as Brigade Surgeon, and subsequently as Division Surgeon-in-Chief, and served in the bat-

tles* of Fair Oaks, Gaines' Mills, Peach Orchard Station, Savage Station, White Oak Swamp, Malvern Hill, second battle of Bull Run, Antietam and Fredericksburg, and attended the wounded at Williamsburg and South Mountain. He accompanied Gen. Stoneman, as one of his Staff Surgeons, in the grand reconnoissance of March 14, 1862. He organized the Brigade Hospital at Camp California, and the Division Hospital at Harper's Ferry.

On the 18th of February, 1863, he was assigned as Medical Director of Hospitals at Evansville, Indiana. While on duty at this point, he was sent, May 29th, 1863, by order of General Burnside, commanding the Department of the Ohio, to Vicksburg, in charge of the steamer Atlantic, to transport to his own hospitals the wounded belonging to the State of Indiana. This large steamer was fitted up with all the appointments of a large hospital—surgeons, stewards, nurses, medical and surgical supplies.

At Columbus the steamer was stopped by Gen. Asboth, in command at that place, and loaded with a regiment of infantry, a battery of artillery, and stores of ammunition. He was sent with them ninety miles up the Yazoo River, in the rear of Vicksburg, arriving at Sartatia as Blair and Kimball were fighting the rebel General Johnson. This was the most critical period of the campaign. General Grant was investing Vicksburg; Pemberton had come out of the city to attack him, and the enemy, with desperation, was throwing every available force upon the rear and flank of our army.

The hot Southern climate, malaria, and inadequate supplies, made difficult the alleviation of the sufferings of the wounded. The medical officers suffered extremely, from fatigue and the same depressing influences of exposure and climate. The services rendered by the surgeons engaged with the army in the several fights in the rear of Vicksburg, will probably never be recorded, for they are in the shadow of the grand capitulation. But the toilsome

* Official Report of Major General Richardson; also, General French, at Fair Oaks, Antietam and Fredericksburg.

march—the exhausting care of sick and wounded under an almost tropical sun, was endured by them cheerfully, in the consciousness of deserving well of their country and profession.

He was present at the bombardment of Vicksburg, and returned with the wounded to Indiana, resuming his duties there.

On the 4th of September, 1863, by order of General Burnside, at the request of his Medical Director, Carpenter, he was placed in command of the Madison U. S. A. Government Hospital, at Madison, Indiana. This institution was just commenced, and by him it was completely organized. About seventy buildings were erected *en echelon*, and two thousand and ninety-five beds were officially reported. The enlarged accommodations, during the latter part of its existence, increased it to three thousand beds. The highest number of patients was two thousand seven hundred and sixty, principally from the battle-fields of Georgia and Tennessee. The whole number of different patients was seven thousand three hundred; the mortality was one hundred and twenty, being 1.66 per cent; the average length of time each patient was in the hospital was twelve weeks. After serving a year and a-half in this institution, he resigned, January 13, 1865, and was relieved from duty February 4, 1865.

Brevet Brigadier General C. S. Wood, Assistant Surgeon General U. S. A., thus refers to the management of this hospital, in a letter addressed to Dr. Grant:

"While you were in charge of the Madison General Hospital, a very large establishment, your various administrative and professional duties were performed with efficiency and to the entire satisfaction of this office."

EDGAR HOLDEN

entered the regular service of the United States army at the breaking out of the war in 1861, and, after a short period of hospital duty, he was ordered to the frigate Minnesota, as Assistant Surgeon. In a few weeks he was initiated into the realities of war

by the conflict with the famous iron-clad Merrimac, passing a large portion of the time, during the two days' fight, in plying from the frigate to the other ships engaged, in attending upon the wounded. Upon the close of the engagement, and in the necessary absence of the Fleet Surgeon, he was placed in charge of the wounded from the Congress, Cumberland and Minnesota, and performed, for several weeks, the duties of the Senior Surgeon of the Fleet.

He participated in the bombardment of Sewell's Point, and was then made Surgeon, in charge of the Squadron Hospital at Norfolk.

In a few months he was ordered (for instruction of a Volunteer Assistant Surgeon into the routine of naval duties), to steamer Wyandotte; thence to Recruiting Station in New York; thence as Surgeon to the second iron-clad afloat, the Passaic.

The fearful experience of eight or nine months, from untried navigation, improper ventilation, iron-impregnated water—causing much illness of officers and crew—has since resulted in such improvements in iron-clad architecture, as has made the American Monitor a model of elegance, health and comfort.

A disease, very peculiar in its character and symptoms, which was called the "iron-clad fever," occurred on all the Monitors until these improvements were perfected.

The storm off Cape Hatteras, in which our colleague, the first Monitor, was lost within twenty-five miles of us—the initiative iron-clad fight at Fort McAllister in Georgia—the subsequent siege of Charleston, that resulted in the loss of two of the fleet—and the illness alluded to, produced by combined impurity of air, improper ventilation and arduous duty—completed what might be termed a maximum dose of iron-clad experience.

He was next called to hospital duty, and again recruiting duty followed, and he was then ordered to the Pacific squadron; countermanded to war service, at his own request, on the steamer Sassacus.

A month's service which followed, on an independent cruise in

the Atlantic for blockade runners, was quickly succeeded by river service in the Sounds of North Carolina.

The fight with the iron-clad ram Albemarle, but for the simultaneous movement of Grant's majestic army on towards Richmond, would have been thought a wonderful achievement. It was, in truth, the consummation of heroism on the part of the commander, F. A. Roe. The attempt to run down the ram—the hand to hand fight of an hour's duration, amid the clouds of scalding steam from the burst boilers—the agonies of the scalded, combined with the usual tumult of battle, and the screams of the wounded—have all rendered that memorable fight the most terrible of his experience.

The almost complete disability of the ship rendered a visit northward imperative, but the demands of war carried him again into conflict in the James River, where, in the summer of 1864, he was placed in charge of the Medical Department of the James River Squadron.

Frequent visits to the battle-fields of Petersburg, and daily conflicts with shore forces, diversified a life full of excitement as well as constant and arduous duty.

Late in the fall, regard for his own health and illness in his family, together with the information that he was destined for a foreign station, determined him to resign, which, upon personal application at Washington, he accomplished a few months before the close of the war, the ship, of which he was Surgeon, having come North for repairs.

During the remaining months of the war he accepted a position on the staff in the Ward U. S. A. Hospital at Newark.

JOHN J. H. LOVE

was born in Harmony township, Warren county, New Jersey, April 3, 1833. He was the eldest son of the Rev. Robert Love and Ann Thompson Fair. He married the daughter of Judge Zenas Crane, of Montclair. He graduated at Lafayette College, Easton, Pennsylvania, and took his medical degree in the Medical

Department of the University of New York, and practiced his profession for a period of seven years at Montclair before enlisting in the United States service.

He was commissioned Surgeon of the Thirteenth Regiment, New Jersey Volunteers, July 19, 1862, and was mustered into the United States Service August 25, 1862.

March 23, 1863, he was assigned to duty as Surgeon-in-Chief of the "Third Brigade, First Division, Twelfth Army Corps, Army of the Potomac," which duties he performed, in addition to his regimental duties, until August 1, 1863, when, under special orders from Corps Headquarters, he assumed the position and duties of Surgeon-in-Chief, First Division, Twelfth Army Corps. He continued in this position until January 28, 1864, when he resigned his commission and was honorably discharged from the United States service. He was always engaged in field service.

As a volunteer Surgeon he was sent out by Governor Olden, and assisted in the transportation and care of the wounded after the battle of Williamsburg, Virginia, May 5, 1862.

He was present and on duty at the battles of Antietam, September 17, 1862; Chancellorsville, May 1, 2 and 3, 1863; Gettysburg, July 1, 2 and 3, 1863; and assisted in caring for the wounded after the battles of "Lookout Mountain" and "Mission Ridge," near Chattanooga, Tennessee, in December, 1863.

The medical history of this war, in Dr. Love's opinion, has developed no one fact more prominently than that, to maintain an army in an effective condition, a constant and enlightened attention must be given by the surgeons and officers to the laws of hygiene. This is also proved by the experience of Dr. A. N. Dougherty. Dr. Love further remarks:

"From ignorance of these laws the majority of the physicians commissioned to attend to the wants of the soldiers, found themselves, when in active service, unable satisfactorily to discharge the duties devolving upon them; particularly was this the case with regimental surgeons from civil practice, who had left their

homes with the idea that their whole duty consisted in treating disease and operating. These soon learned that, to *prevent* sickness in their commands was the primary object. And now that the war is over and they have resumed civil practice, the knowledge gained of hygienic laws will be used in the prevention and amelioration of disease among our citizens. Surgeons in active field practice have little or no opportunity to know the results of their practice. No matter how interesting the case in its inception, when the termination is unknown the facts are useless."

CHARLES F. J. LEHLBACH

became Assistant Surgeon of the Seventh Regiment, New Jersey Volunteers, June 8, 1863, and Surgeon of the same regiment October 11, 1864. He remained in the service till the close of the war, and was mustered out July 7, 1865.

He graduated at the College of Physicians and Surgeons, in the class of 1856. He served with signal ability; is married and has one child.

LEWIS W. OAKLEY

was born in the city of New York, Nov. 22, 1829. His parents' names were Samuel Oakley and Abbey Williams. His first wife was Henrietta Baldwin, and his second wife, Anna Magie. Had two children, named Gertrude Vanderpool and Sarah Davis.

He graduated at Princeton College, 1849, and at the College of Physicians and Surgeons, New York, in the class of 1852, and practiced in Elizabeth, N. J., from April, 1854, until May, 1861.

He entered the service as Assistant Surgeon of the 2d Regiment, New Jersey Volunteers, May 21, 1861; was promoted to the Surgeoncy of the 4th Regiment, New Jersey Volunteers, October 12, 1861, and transferred to the 2d Regiment, New Jersey Volunteers, as Surgeon, Jan. 2, 1862. From this date, he was Surgeon in Chief of the 1st New Jersey Brigade, 1st Division, 6th Corps, until the expiration of his term of enlistment.

From Sept. 12, until Dec. 1, 1862, he was on hospital duty at Burkettsville, Md. In charge of the 6th Corps Hospital during May and June, 1863, at Potomac Creek, Va.; in charge of the 6th Corps Hospital at Gettysburg, Pa., from July 4, 1863, until it was consolidated with the other Corps Hospitals, forming the U. S. General Hospital at the same place. He remained until Nov. 1, 1863, when he returned to his command in the Army of the Potomac.

He was in all the battles of the Army of the Potomac, beginning with the "first Bull Run," and ending with the battles of May, 1864. Mustered out of the service June 21, 1864. He was, moreover, on duty as Surgeon at General Hospital at Harrison Landing, Va., while the army was stationed near that place during the summer of 1862.

But for a determination not to leave his regiment, with which he was very popular, he would have accepted higher rank, the duties of which he almost constantly performed.

JOSEPH D. OSBORNE

was born at Succasunna, N. J., Sept. 6, 1833. He is the son of Rev. Enos A. Osborne. He married Miss Kate Bartholp, Jan. 27, 1862. He received the appointment of Assistant Surgeon U. S. Volunteers Aug. 17, 1861, and went out with the 4th Regiment, New Jersey Volunteers. He was appointed Surgeon of the 2d Regiment, New Jersey Volunteers, in October of the same year, and was transferred to the 4th Regiment, New Jersey Volunteers. He remained in this regiment till mustered out, Nov. 19, 1864.

Dr. Osborne was Chief of Brigade by virtue of date of commission. Was Assistant Operator of Division in 1863, and in 1864 was Operating Surgeon of Division. From July to October of 1863, he was executive officer of hospital and in charge of the transfer of the wounded at Gettysburg, and from January to July, of 1864, he was on duty in the Ward U. S. Hospital in Newark, N. J.

GEORGE PECK

was commissioned an Assistant Surgeon in the Navy of the United States, Feb. 25, 1851; cruised in the West Indies and off the coast of Central America, in the corvette Cyane, from August, 1851, until September, 1854, crossing, meanwhile, the Isthmus, at Panama, and making the journey to the Pacific by way of Nicaragua and its lakes. He was on recruiting service at the Naval Rendezvous, at New York, from September, 1854, to October, 1855; was examined and found qualified for promotion, March, 1856; cruised in the flag ship St. Lawrence on the coast of Brazil and the waters of the La Plata, from August, 1856, to May, 1859; attached to receiving ship North Carolina, from July, 1859, to March, 1860, and reported for duty aboard the Seminole at Pensacola, during same month. He cruised in the Seminole on the coast of Brazil and waters of the La Plata, returning to the United States on the breaking out of the Rebellion.

Promoted and commissioned as Surgeon, May, 1861; on the blockade off Charleston in the following July; joined the Potomac flotilla, which was frequently engaged in action with the rebel batteries along the Virginia shore. In October, sailed with Admiral Dupont's fleet, and joined in the attack upon the rebel batteries at Port Royal. After the bombardment of Port Royal, was in the Savannah blockade, joined in the expedition against Fernandina, and after its capture, ordered to the North Atlantic Squadron, Admiral Goldsborough, at Hampton Roads. He joined in the attack upon the rebel batteries at Sewall's Point, and upon Norfolk, Va. He was blockading in the waters of the Chesapeake and tributaries, until July, 1862, when the Seminole went out of commission.

Was ordered upon the recruiting service in New York the following August; detached from the Rendezvous Sept., 1864, and ordered to the iron-clad Dictator, and joined the North Atlantic Squadron, under Admiral Porter, at Hampton Roads. In September, 1865, transferred from the Dictator to the Vanderbilt, and

sailed in company with the iron clad Monadnock to the North Pacific; detached from the Vanderbilt in July, 1866, at San Francisco, and returned to the Atlantic States by the overland route, arriving in September, 1865. He is still in the service.

WILLIAM HUGH PIERSON

entered the Navy at the commencement of the war, and is still in the service. He was taken prisoner by the rebels while serving on the Water Witch. He is regarded as a deserving officer, and a candidate for promotion.

D. M. SKINNER

having passed the necessary examination, was appointed an Assistant Surgeon in the U. S. Navy, in September, 1861. Served one month on the receiving ship North Carolina; six months upon the frigate Sabine. During that time the lost Vermont was found, which vessel had left Boston for Port Royal, but encountering a heavy gale when but a few days out, lost anchor, sails and rudder, and drifted about at the mercy of the winds and waves until found by the Sabine, when she was assisted in shipping a temporary rudder, and finally reached Port Royal in safety. He was about one year upon the sloop-of-war Vincennes, attached to the West Gulf Squadron, and was then ordered to duty with the army besieging Port Hudson, and was placed in charge of the General Hospital at Port Hudson, after the surrender. Early in August, 1863, he was ordered to the U. S. steamer Calhoun. This vessel was Admiral Farragut's flag ship, in the attack upon Fort Powell, situated at the entrance from Mississippi Sound, into Mobile Bay. April, 1864, the Calhoun being ordered to New Orleans for repairs, he was permitted to return North. In June, 1864, he was ordered to the Naval Academy, then located at Newport, R. I., and remained there until he resigned, in May, 1865.

EDWARD DORR GRIFFIN SMITH

is the son of the late Dr. Lyndon A. Smith. He was born in

Newark, and educated to the profession under the care of his father.

He was appointed Assistant Surgeon, U. S. N., August 12, 1861, and immediately proceeded to sea. He spent all the years of the war in arduous blockading service. He served on the following steamers:

Young Rover, from August 6 to October, 1862; Magnolia, from October, 1862, to September, 1863; Arkansas, from September, 1863, to May, 1864; Bermuda, from May, 1865, to November, 1865.

He was present at the capture of Fort Morgan, at Mobile. He was honorably discharged November 22, 1865.

CHARLES W. STICKNEY

was born January 4, 1833, near Milford, Pike county, Pennsylvania, and was the son of Benjamin Stickney, Esq. He studied medicine with William Wetherill, M. D., at Lambertville, Hunterdon county, New Jersey, and graduated at the University of Pennsylvania in the spring of 1858.

He immediately commenced the practice of medicine at Pompton Plains, New Jersey. In the fall of 1859 he married Miss Sarah E. Van Ness.

He entered the United States service August 3, 1863, as Assistant Surgeon of the Thirty-third Regiment, New Jersey Volunteers, to serve three years. After the organization of the regiment, it was assigned to the Army of the West, under the command of Major General Sherman; he therefore participated in the succession of battles, commencing at Chattanooga, Tenn., May 1, 1864, and ending in the fall of Atlanta, Georgia, in September.

September 27th, by order of Major General Geary, he was ordered for duty at the "Second Division, Twentieth Corps Hospital," and there remained through the campaign of General Sherman's march to the sea, which was consummated by the taking of Savannah, December 21, 1864.

January 27, 1865, he left the city of Savannah with his regi-

ment, which was then connected with the left wing of the army under command of Major General Slocum, and was with the army until it arrived at the Savannah River, when, by orders from Major General Slocum, he was directed to take charge of all the sick and wounded men belonging to the left wing of the Army of Georgia, and report the same to Savannah.

There were thirty cases of small-pox, in all stages, which were under his special care. In order to separate them he was obliged to seize a schooner lying in the river, loaded with sutler stores, and to place on board of it the small-pox cases.

The result of his treatment exhibits the undesirableness of the old manner of treatment, by the use of warm, stimulating drinks, and hot rooms. These men lay upon the deck of the schooner for want of room below, and were sheltered only by pieces of canvas. This was on the 5th of February. On the 6th and 7th, a severe rain storm was experienced, to which the men were exposed. They were provided with no medicine except whiskey, which was occasionally given. The patients were permitted to drink *plentifully of cold water*. They did not reach Savannah until the evening of the 8th, when the patients were placed in the "Small-pox Hospital." Although subject to these severe exposures, they *all recovered in a few days*.

After remaining in Savannah a few weeks, he joined his command at Goldsboro', North Carolina.

The war having terminated, the regiment was ordered to Washington, by way of Richmond, Virginia, where it arrived May 19, 1865. There he remained a few weeks, when the regiment was sent to the State Rendezvous, at Newark, New Jersey, where he was honorably discharged, July 17, 1865.

E. R. WHITTINGHAM

is the son of Bishop Whittingham, (of the Episcopal Church) of Maryland. He served in the Regular Army with great honor and efficiency, from October 1, 1861, to November, 1863, when he resigned.

He passed examination—the third in his class—and was assigned to the duty of organizing the Alexandria General Hospital.

He served as Medical Inspector of the Third Corps, and at the battle of Gettysburg he was Surgeon of the Second Division of the Fifth Corps. As a member of the General Surgical Staff he organized the new "Purveying Bureau."

He always occupied important positions, and made a very valuable medical officer. He has returned to his practice in Millburn.

ADDISON W. WOODHULL,

commissioned Assistant Surgeon Fifth New Jersey Volunteers, August 23, 1861; commissioned Surgeon Ninth New Jersey Volunteers, February 6, 1862; commissioned Lieutenant Colonel by brevet, "for meritorious conduct in the field," March 13, 1865.

He was in active service with the Fifth New Jersey Volunteers during its operations with the Army of the Lower Potomac, and was with the Ninth New Jersey Volunteers in all the principal marches and battles that occurred subsequent to his appointment in that regiment, in North and South Carolina, and about Richmond and Petersburg, in Virginia; and at last, again in North Carolina, with the army which joined Sherman just prior to the final surrender of the rebel armies. He was mustered out at the expiration of his term of service.

He was once seriously wounded, July 27, 1862, being struck by three balls; and again, slightly, May 6, 1864.

A full account of his services, also of many others alluded to in this historical sketch, will be found in the forthcoming work of Mr. JOHN Y. FOSTER. The wide known ability of the writer, and his ample materials, insure the public a most valuable and exhaustive history.

JEREMIAH A. CROSS

was born at Sharon, Schoharie county, New York; his parents were Dennis Cross and Elizabeth Doucks. He married Eveline Van Giesen, of Montclair, Essex county, New Jersey.

He graduated at the Albany Medical College, New York, and commenced practice August 1, 1856.

He entered the service of the United States as Contract Surgeon, July 10, 1862, at the "U. S. A. General Hospital, Newark, New Jersey," (afterwards the "Ward U. S. A. General Hospital, Newark, New Jersey,") and continued until December 19, 1863, except for a period of about two months, from the last of August to the last of October, 1863, when he was transferred to Beaufort, South Carolina.

On the 19th December, 1863, the contract was canceled at his own request, and on the same day he entered the service in the Provost Marshal's Bureau, as Examining Surgeon of the Board of Enrollment of the Fifth Congressional District of New Jersey, and continued until the suppression of recruiting and drafting, June 15, 1865.

Many others, besides your historian, repeatedly offered their services for temporary duty, after several bloody engagements. The services of several were accepted, chiefly those who afterwards entered service at the "Ward U. S. Hospital."

OUR PRESENT DUTIES.

In the face of this record of heroism, self-abnegation and patriotism, and of the heroic examples of those who died for their country, as well as companionship with the faded and antiquated relics of several generations of medical ancestors, little seems important to us individually except that we faithfully perform our duties to the generation which Providence calls upon us to serve.

It will be remembered that our Society began with eleven members. Two more were added a month afterwards; the next year three; nine the year following, and one in 1713. This year two were rejected on account of the lack of professional attainment. This proves the regard of our medical ancestors for maintaining the status of acquirements. At the end of the first ten years the society numbered about forty, and it has but about one hundred

now. Fifty years is little in the history of a nation, but it is an age in view of changes and accomplishments.

Newark in 1816, as before said, had less than five thousand inhabitants. To-day, it probably has over one hundred thousand. Its latest Directory contains the names of eighty physicians. In that time probably three or four supplied all its medical necessities.

The whole of what is now the county of Essex had not probably double the number of inhabitants which Newark has alone.

Far greater changes have taken place in the world of science.

Upon our inauguration day, all that was then known of chemistry could be printed in a thin volume. The revelations of the stethescope, the microscope, the opthalmocscope, the laryngoscope and speculum had never been made. Veratrum, chloroform, the preparations of iodine and the alkaloids had not been discovered. Nothing had been known of the "pathies," such as homœpathy electropathy, hydropathy, and motorpathy, for each of them have produced some modification and have taught us something. The art of healing gains advantage from innovations and systems, so called; for each of them is based upon some truths, often greatly magnified by the genius and industry of its advocates.

Now pathology, physiology and chemistry have each grown into distinct sciences. It requires far different education and advantages to learn even what is now known, in order to an entire appreciation of medical knowledge in its present stage of progression. The period of superstition, of the purely theological, and, again, of the metaphysical, has passed away. We are called upon, now, to deal with the *positive*. Inductions from well ascertained *facts* only will satisfy the advanced inquirer of the present day. Probably in every age it has appeared to the honest inquirer sometimes that there was no more to learn. Doubtless the next half century will advance us quite as rapidly and as far as has the last. It depends upon *us* whether we be in the foreground of medical investigation and progress, or be reported among the stragglers. Who would feel competent to practice

medicine if forbidden to use the speculum? to put an ear to the chest? to analyse the urine? to examine the uterus, as modern science has taught us? Who would go back to the teachings of Thomas' Practice, upon which our forefathers in medicine relied?

The golden age is not in the past or in the future, but is all about us. We live in it. Whether we live up to it will depend upon ourselves—upon *you*—it will depend principally upon the *young men* who are still full of hope and buoyancy. This is the period of labor. Now is the time to do our life-work.

There are investigations to which your tastes, habits of thinking, and opportunities of observation naturally incline you. Follow these leads. If you cannot be eminent in every department of medical science, in this day of wonderful expansion, till it seems to cover all the physical sciences, determine to fathom *some well of truth*—to *feel bottom somewhere*. Work while the day lasts for work, for there will soon come a period in which men will not find it possible to bring up arrears.

Most of you have enjoyed advantages very much greater than the young men of the last generation, and, oh! what infinite advantages over the young men of 1816. Many of you have spent much time in military hospitals, the camp, or upon battle-fields. Many have formerly crossed to Europe to find such opportunities as you have enjoyed. The limit of inquiry will never be reached in this world, however near it may sometimes appear. No branch of medicine can be exhausted by any one in a single life. There are fields of inquiry not yet entered upon—golden veins not yet touched. One generation constantly crowds the next, and "passing away" is written upon all earthly scenes.

It was the custom in Scotland, as a warning, in case of invasion, for one to seize a blazing torch or burning brand, and run with it to the next village, when it was caught up by another, who conveyed it to the next, and so on till the remotest hamlet was speedily reached. Thus it is left to us to record the traditions of the past and the example of the present, and to labor towards the largest

accomplishments of our generation, that the one which succeeds us may be profited by our progress and investigations, and be animated by our example.

The other day, it will be seen, others lived in our houses, drove through our streets in their round of professional duties, and soon we, too, must give place to those who succeed us.

As soon as the grave closes over us the questions of worldly accumulation will be of little importance. It will be asked were we faithful to every trust and obligation? Did we perform our whole duty to our patients, to the profession, and to society? Did we do all that we could to advance the interests of the profession? Did we perform our duties fearlessly and conscientiously? If so, we shall be pronounced by the future medical historian, "good and faithful servants;" if not, we must be written faithless to our brethren and to God.

PRESERVE HISTORY.

Your historian has been constantly reminded, that if he had undertaken this work a *few years ago*, he could have obtained abundant material which is now buried forever. No time will come in which to write history so desirable as *to-day*.

It is the duty of each generation to preserve the unrecorded history of the past.

"Gather your rosebuds while you may,
Old Father Time is flying,
And the rose which blooms to-day,
To-morrow may be dying."

If each county in the State will collect now all that can be rescued from oblivion, a very valuable history of the medical men who have lived in New Jersey could be prepared, a history which would increase in value as years roll on.

We have devoted much time, and engaged in considerable correspondence in order to fill blanks and obtain accurate data. That every day adds something, only proves that there must be

many defects, mistakes and omissions. They cannot be avoided. What is written will suggest to readers, who will wonder why more was not obtained. It is easier to detect mistakes and to blame, than to appreciate the real difficulties of collecting history from oral testimony.

The most successful effort will induce as much of blame as praise. Nor are we insensible to either. We have earnestly endeavored to bring up our history to 1866 so completely, that the historian of 1916 will find little to glean from the preceding period, except what perhaps this publication may develop. The officers of the District Medical Society for the County of Essex will gladly receive and carefully preserve, and in due time publish any additional facts which this historical sketch may suggest. There are important facts almost but not quite within the reach of your historian, which are probably known to some of the readers of this paper.

We design to propose plans to the State and District Societies, by which our past history shall be collected, and our present and future preserved. If successful, it will promote the unification, harmony, efficiency and influence of the profession, and tend to advance the interests of all our communities.

CONCLUSION.

Your historian has endeavored to perform his duty as well as he could with the material which he could find. He has designed to omit no subject of inquiry into the past which would tend to invigorate and to energize us for further investigation and duty.

> "Art is long, but time is fleeting,
> And our hearts though strong and brave,
> Still like muffled drums are beating
> Funeral marches to the grave."

Let it not be said that during the first decade of the second semi-centennial period, there was no perceptible progress; no scientific results. The centennial historian of *nineteen hundred and sixteen*

ought to be able to point to it as the golden period of its history. The "District Medical Society for the County of Essex," will be just what its individual members make it. We may make it very valuable to each other and the world, or of little value to any.

We are reminded that the generation which succeeded the one which inaugurated the Society, is passing its period of activity. It has done its work. It seeks repose, and is quite willing to pass the labor and responsibility along to the younger generation. Let the Essex District Medical Society have a history worthy of record. What higher mission than ours? What pathway of investigation leads to results so satisfactory, so ennobling? Under the inspiration of this record, your historian takes his leave with high hopes and ardent expectations.

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Report of the Standing Committee.

A period of sixteen months has intervened since the last meeting of the Medical Society of New Jersey. These months have been distinguished by an unusual degree of health throughout the State The Society will discover in what follows in this report, that in no portion of the State have its medical men been called to meet with prevailing epidemics of any kind—scarlet fever, pertussis, rubeola and diphtheria have been unusually rare; the latter, which a few years since excited so much interest and attention, has almost entirely disappeared from notice. Cerebro-spinal meningitis is reported to have appeared in but one locality. Fevers, intermittent and continued, are noticed to a limited extent. Cholera, so generally looked for, invaded a few localities, but to an extent less general than had been apprehended.

Reports have been received from each of the District Societies of the State, excepting those of Mercer and Middlesex.

During the last summer Asiatic Cholera appeared in the counties of Hudson, Essex, Union, Burlington, Camden, Cumberland and Gloucester.

In Hudson county, Dr. Varick, the reporter, notices three cases as having occurred in Jersey City, two of them imported, and one of local origin, and remarks that in all the previous epidemics of this disease, Jersey City has suffered less, in proportion to its population, than any other place in its vicinity. There were two cases at Bergen Point, one fatal, the subject dying in six hours. Hudson City suffered quite severely with the disease. The town is situated on Bergen Ridge, elevated about one hundred and fifty feet

above tide water. In June, 1866, the disease first appeared at the works of the Lodi Poudrette Manufacturing Company, located on the meadows on the west bank of the Hackensack River. About sixteen deaths occurred, when the place was vacated. The weather was warm and the atmosphere was steaming, particularly at night. The putrifying night soil impregnated the whole atmosphere and everything which the workmen ate and drank.

"July 18," we quote from the excellent local report of Dr. Culver, "wind west, temperature 85 deg. in the daytime; hot and steamy night air; meats spoiled with inconvenient rapidity; five or six deaths occurred at this time." Among these the following is noticed: A wealthy family, of fastidiously cleanly habits, suffered from cholera, superinduced by the intolerable stench and effluvia evolved from the putrifying carcass of a dead horse, a few rods to the windward of their residence, and, through official neglect, left unburied for more than a week. At length a poor German was induced to remove and bury the offensive mass. He was taken with cholera asphyxia, and died the same night.

August 29th, 30th, and 31st, the thermometric and hygrometric state of the atmosphere being similar to that of July 18th, four cases—all fatal—occurred. The victims drank from shallow wells, the surface water of which was noticeably unpalatable. They breathed an air redolent of filth and corruption.

During the last days of September twelve cases occurred, within a circumscribed area, having a clay sub-soil overlaid with muck, and always wet and mirey, except during a protracted drought. This area contained the filthiest alley in Hudson City. A bad smelling place at all times, the stench at this time was sickening and unbearable. Foul carrion was left exposed and unheeded by the inhabitants; shallow wells supplied them with water, drained from privy vaults, pig pens and surface soil alike abominable. A sluggish east wind prevailed, bearing from the cities lying to the eastward a fœcal odor distinctly cognizable along the eastern brow of the hill. The thermometer ranged from 65 to 78 deg. The

hygrometer showed a damp atmosphere throughout the day, reaching the dew point about sunset. The night was foggy and suffocating. The disease ceased after thorough disinfecting measures were adopted, and did not return.

On the 11th of October, under a similar atmospheric condition, the disease appeared in another locality, in a tenement house, crowded by tenants living in uncleanness. One of the stories was occupied by a family where the carpet on the floor had not been removed or shaken for twelve or fourteen years. The walls and ceilings had not been cleaned or whitewashed since the house was erected, and all the surroundings were as foul and vile as could be conceived. Fourteen deaths occurred. The authorities caused the house to be vacated and purified. The disease disappeared from the vicinity in seventeen days.

In each of these outbreaks of the malady there was a coincidence of the local with an atmospheric cause. The theory of importation is regarded by Dr. Culver as far-fetched and improbable. He further notices the fact that, simultaneously with the cholera, there appeared other diseases dependent upon a putrefactive origin, such as puerperal fever, diarrhœa, dysentery and cholera infantum.

In Newark, Essex county, containing a population of about eighty thousand, twenty cases were reported by the Board of Health, the most of which were fatal. In this city the cases were not confined to specific localities, nor did they seem dependent upon poisonous and corrupt local influences. The streets affected are healthy, and the most of them on high ground, and far enough apart to preclude the idea of contagion. The city was carefully cleansed and thoroughly disinfected. Four or five deaths occurred in rapid succession in one house. It was vacated and cleaned, and the clothing left by the patients destroyed. The disease spread no further in that neighborhood. In *Orange* one case occurred in a man who attended the funeral of a friend, who had died of the disease in Newark. The case was fatal.

In Elizabethport, Union county, five cases occurred in the month

of June, in a very limited and filthy locality, which was promptly cleansed and disinfected. The disease was arrested, and did not again appear.

In Burlington city there were seventeen cases, fourteen of which were fatal. The earliest cases were located in different parts of the town. About one-half had their origin in two families who used the water from a very foul well. These cases were very malignant. After cleansing the well and the water was no longer used, the disease ceased its ravages. In 1854 the cholera raged with great fatality in the Burlington county Poor-House, but during the past season not one fatal case was seen. Thorough cleanliness was observed, and a careful supervision enforced in regard to diet, with a liberal use in case of bowel complaints of the Tr. of Op. Camphor and Capsicum. This mixture arrested every case of diarrhœa, of which there were the usual number at that season of the year.

The city of Camden was also scourged by the disease. Thirty-nine cases were reported, thirty of which were fatal. Twenty-five deaths also occurred in a suburb immediately adjacent to the city limits. The Committee has received a full report of its history from Dr. Cooper, the Reporter of the District Society, and from Dr. Jno. R. Stevenson, together with complete meteorological observations for the months of June. July, August, September and October. Dr. Stevenson remarks, that the city of Camden, containing a population of eighteen thousand, was, probably, before any steps were taken to secure its cleanliness, as filthy, in comparison with its size, as any city in the Union. The drainage was very imperfect; the cesspools being very shallow, owing to the water rising to within a few feet of the surface, and in parts of the town inhabited by the poorer classes, full and overflowing on the surface of the ground.

Stringent and efficient measures were adopted by the city authorities, who acted under the advice of the medical men, for the careful sanitary improvement of the town, which were attended with

the most manifest benefit. The disease, as it was experienced in Camden, was terribly fatal, but was confined to the lowest class of the population, for the reason that the local influences to which they were subjected, were so unfavorable. The experience of the year in this town, as well as that of the other towns named in this report, afford convincing evidence that cholera ought to be prevented by a removal of the causes which tend to develop the disease, and that, in almost all cases, it may be arrested and put out by properly and promptly cleansing and disinfecting the infested districts.

The history of the disease in Cumberland county, as compared with that given in the previous part of this report, is somewhat anomalous. About forty cases are reported in this county; nearly half proved fatal. The principal seat of its invasion was Bridgeton. It was here confined to a single locality, not unhealthy in its site or its surroundings, and yet every case was traceable, more or less directly, to this source. The disease involved two or three families only. The first case was that of a merchant, the head of the family, who, after suffering with the usual premonitory symptoms for a few days, was seized, on September 25th, with cholera, and died in two days. His two children, aged ten and twelve years, were then taken down, and, after being severely ill, eventually recovered. On the 30th, a young man in a neighboring house, was attacked with the malady and died in about nine hours. On the next day another young man, strong and vigorous, which the first named was not, living in the same house, was seized with the cholera symptoms, and died in forty-eight hours. Within a few days seven others of the family were stricken down, all of whom recovered. Six days after the death of the first-named case, a lady who was at the house nursing in the family, complained of diarrhœa, which terminated in fatal cholera on the fourth day. On the next day a woman in the same family, who had washed some of the infected clothing, was taken suddenly ill, and died in less than twenty-four hours—making fifteen cases in all, each associated

with or members of two families, six of whom died. Out of the limited district, distinguished by these cases, the disease did not present itself. Dr. Elmer, Jr., remarks in his report, that no adequate cause for the invasion of the disease was apparent. The families were refined and of cleanly habit. The water from the well did not differ from that of other wells, and, upon chemical analysis, gave no evidence of impurity.

In Gloucester county two cases occurred, which yielded to treatment.

In the review of this history of cholera during the year, we find reported:

In Hudson county,	57	cases.
" Essex,	20	"
" Burlington,	17	"
" Camden,	64	"
" Cumberland,	40	"
" Union,	5	"
" Gloucester,	2	"
	205	"

As in some of the reports the deaths alone are given, we may infer from the reports that about three hundred cases occurred in the State during the last season. (The Committee is not informed whether the disease was met with in Mercer or Middlesex counties, as we have no report from them.)

The review also warrants the following conclusions:

1st. As a rule, the specific poison of cholera is intensified and brought into activity by neglect of proper drainage, and by the accumulation of putrid vegetable and animal matter.

2d. After its production it is more or less infectious or portable.

3d. A damp atmosphere, associated with a high temperature, intensifies the disease.

4th. It can be arrested and "stamped out."

5th. Opium, calomel, camphor and alcoholic stimulants, with

external heat and rubefacients, have been the chief remedial reliance in the treatment of the affection.

Intermittent fevers have prevailed to a limited extent. Dr. Cooper more particularly notices this form of disease in Camden county, where, in many localities it has been much more frequent than in former years, while typhoid fever is now seldom seen.

He remarks that it is a matter of common observation that quinine, to be efficient as a remedy, must be used in much larger doses than was considered necessary in former years, and repetitions in its administration must be resorted to in order to prevent the constant tendency to a recurrence of the attack.

In Sussex county, *malarial diseases* as compared with former years, has been more common; not confined to particular localities or accounted for by any apparent cause.

Remittent fevers were common in Jersey City in the spring and autumn of 1866, generally mild, interspersed with these, typhoid of a severe type, was met with, rarely, however, proving fatal.

In Burlington county, Dr. Coleman states that the *intermittent* type is now established in that district. "I have not seen," says he, "a case of typhoid or remittent fever in three years, but insidiously, and often obscurely, the intermittent type, giving character to almost all ailments, and rendering them amenable to quinine, to an extent unknown for the last thirty years." In rheumatism he now finds quinine the best remedy at his command.

As remarked at the commencement of this report, *scarlet fever* and *diphtheria* have been seldom met with. A few cases of the former, in a malignant form, were seen in Paterson during the last winter. They were treated, as the reporter states, with sulphite of soda, with satisfactory results. Dr. Marcy, of Cape May county, informs the Committee that diphtheria has become an endemic disease in that region. He sees more or less of it every month. The disease prevailed in a malignant and very fatal form a year or two since, and now the form he terms *diphtheroid* is left behind. He has seen a few severe cases during the year, one fatal, combined

with scarlet fever. He remarks, with regard to the milder form, "I do not know whether it is so elsewhere, where diphtheria has prevailed as a severe epidemic, that this modified form remains, after the other has subsided, but this I know, that I never saw the same form of sore throat until since the terrible scourging we had with this terrible disease. The symptoms are precisely the same as in the true disease, the only difference being, that the exudation is in isolated spots and not fully organized, it is never fatal."

The Committee alludes to the occasional notice of *hooping cough* only for the purpose of noticing the use made in the affection of the bromide of ammonium and potassium. It seems to exert a very decided effect upon the cough. In the hands of a member of the Committee, it has in some cases checked the stridor almost immediately, and put a stop to the disease. In other cases it has relieved the intensity of the cough without effectually arresting it.

We notice a few cases of special interest: Dr. Marcy relates the case of a boy ten years of age, suffering with typhoid remittent fever. He had all the fatal symptoms usual in that fever—picking the bed-clothes, delirium, subsultus, involuntary passages, hiccough, deafness, and, he thought, blindness. He came through the attack on half a-pint of whiskey per day, together with Carb. Ammo. and Snake Root almost ad libitum. He is now well.

Dr. Pierson, Jr., reports a case of epilepsy, essentially relieved by the bromides. The case is that of a young man, highly educated, who was seized with his first epileptic convulsions at twenty-five years of age. He had been troubled from early puberty with excessive nocturnal emissions. He was subjected to a variety of treatment during a number of years without satisfactory results, until he was put upon the use of the bromides, after the formula of Brown Sequara. Up to this time he had one hundred and seventy-three convulsions, the longest interval between any two had been twenty days. The last convulsion, previous to the use of the bromide, was on the 3d of August, 1865. The next was on the 26th of September—interval fifty-four days. In November he had three.

In January, 1866, the dose of the remedy was doubled. He had eight seizures during the year, much lighter than formerly, and not succeeded by prostration. The nocturnal emissions are entirely relieved. He is at present in vigorous health, and actively engaged in business. A full notice of the case is appended to this report.

An illustration of the quantity of opium which may be borne under the endurance of excessive pain, is afforded in the history of a case, by Dr. C. W. Larison, of Hunterdon county, who had the professional charge of a gentleman, a farmer, about fifty years of age. He had previously known him for about eight years, during which time he was a stout, well-proportioned man, well calculated for the endurance of hardship, and well inured to hard labor. Weight about one hundred and seventy-five pounds. When called to see him he was very feeble, emaciated, and mostly confined to his bed. He found, upon inquiry into the history of his case, that about four months previously he was suddenly seized with a severe lancinating pain in the right hip, which lasted for an hour, and then gradually passed down the thigh and abated. He felt as well as usual the next day till about the same hour, when he was again similarly affected. The same symptoms recurred for the two following days, when he called in a physician, who treated him for periodical neuralgia without success. Notwithstanding the use of tonics, alteratives, anodynes and counter-irritants, his appetite and strength continued to fail, until he was confined to his bed, when he came under the medical care of Dr. Larison. He gave him quinine and iron, and for the evening the following prescription:

Sulph. Morph. gr. x
Op. pulv. gr. xx,

to be divided into ten powders, one every hour until relief was obtained. He took *five* of the powders before the pain was relieved, and without the production of any of the constitutional effects of so large an administration of opium. The next day he took the

same amount of opium, the system showing no symptoms of an excess of the remedy. The Doctor now directed half an oz. of gin to be taken with the powders, which was attended with some relief. Tenderness was now discovered upon pressure over the fifth lumbar vertebra. Counter-irritation was employed, and the other treatment continued. The patient slowly improved in strength, but the pain continued for a time, when it changed its course. Commencing in the first named locality, it passed over to the left hip and down the left thigh. The Doctor now administered Iod. Potass. with the quinine and iron, but was soon obliged to desist on account of ptyalism. He now began to ride out, but the pain came on regularly and invariably at 9 o'clock in the evening, never attacking him, except once or twice, at any other hour. He now used the anti-spasmodics in all their variety, and large doses of quinine, with no advantage. About three months after the Doctor first saw him, the severity of the pain was so great, that it was feared that the paroxysms would prove fatal.

Forty grains of morphia were now divided into thirteen equal parts, and one portion, with one oz. of gin, was given every forty minutes till relief was obtained. The sufferer took the whole in about twenty-four hours, and called upon the Doctor for a renewal of the powders. Finding that no ill effects followed the administration of the powders, he continued to take the same quantity daily for more than a week. He was now put upon strychnine, combined with gentian and iron, together with assafœtida and a smaller portion of morphine as an anodyne. This proving wholly inefficient, resort was again had to the gin and morphine. From this time, for the space of two years, his health was variable, suffering more or less with the periodic pain, being, for the most of this time in the hands of irregular practitioners.

He again came under the care of the Doctor, suffering with a severe cough, with offensive expectoration and œdema of the extremities. The cough yielded to remedies, but the œdema increased with increasing emaciation. The pains were excruciating,

relieved only by gin and morphine—of the former he would take one quart, and six grains each of Op. and Morph. in five hours, without intoxication or any tendency to sleep. To test the effect of the gin and opium, when in a normal condition, the Doctor gave half a grain of Morph. during the interval of pain, with the ordinary effect of the drug in about thirty minutes; and in like manner three oz. of gin produced obvious signs of intoxication. During the latter days of his life he suffered from dropsy, which was temporarily relieved by tapping. He died in August, 1866, three years and four months after Dr. L. was first called to him. In the course of the treatment the hypodermic use of anodynes was resorted to but did not prove satisfactory.

At the last meeting of this Society a Committee was appointed, Dr. E. M. Hunt, chairman, to present, on behalf of the Society, to executive and legislative consideration, any matters relating to sanitary, hygienic and charitable provision for the citizens of the State, which may merit the attention of our State authorities. The result of the application of the Committee so appointed, was the erection, by the Legislature of 1866, of a State Board of Health, having primary reference to the apprehended invasion of Asiatic Cholera. To this Board, composed of one member from each Congressional District, was committed the consideration of such sanitary measures as would protect our towns and cities from this dire scourge. Early in the year the Board prepared a communication addressed to the Governor of the State, and published generally in the newspapers, urging upon the people the necessity of especial care in promoting the cleanliness and ventilation of all unhealthy localities, showing some of the more appreciable causes of epidemic disease, and giving specific information as to the mode of properly cleansing and disinfecting unhealthy places. The document they issued was a valuable one, and was, it cannot be doubted, attended with beneficial results upon the general health. As an outgrowth of this measure, an act was prepared and considered by the last Legislature "to secure the better preservation of life and health,

and to prevent the spread of disease." The details of this act, which are very full, are probably in the possession of the most of the members of the Society. We have to regret that it failed in its passage. The Committee to whose care the Society has committed this important measure should receive the personal aid of the medical men of the State, so far as it may be required to secure its final adoption.

In allusion to this important measure, the reporter for Bergen county says: "The necessity is imperative that State action should be taken to protect the citizens of the Commonwealth from the dangers to the public health from the numerous pest places throughout the State. The lowest class of our foreign population is entirely ignorant of the first principles of hygiene. From infancy they have been educated to filth, and in neglect of the simplest laws of health. They emigrate to this country in the conviction that here they can live as they choose without molestation, and free from the prying inquisition of government officials. Arguments addressed to their reason are thrown away, and their habits of life cannot be changed by appeals to their sense of moral or social obligation. The only thing which can reach them, in the first generation at least, is the strong arm of the law, enforced by a firm will. By the establishment of a Sanitary Commission, or Board of Health, invested with authority, and sustained by power to turn out, clean out and purify and disinfect, and, if need be, quarantine the infected parties and places; and in some instances, by this alone, can the public health be effectually protected and the public interests efficiently guarded. Our State stands in need of some such legislation as this."

The Essex District Medical Society celebrated its semi-centennial anniversary in the month of April, 1866. Dr. J. Henry Clark, who had been previously appointed Historian for the occasion, read a valuable paper upon the Semi-Centennial History of the Essex District Medical Society. By unanimous vote of the Society, Dr. Clark was requested to furnish the Standing Committee with

his interesting paper for publication in the Transactions of this Society. It is really a history of the medical men who lived in Essex county from the earliest period. The history stretches back into 1600, and gathers up whatever can be found in the ante-Revolutionary period. It will be found to contain much interesting matter in relation to Essex county, and incidentally to the counties adjacent. It will teach medical men in other counties the importance of doing likewise, for only in this way can a history of the medical men of the State be obtained. If the history of every County Society could be as carefully written up, a most valuable State Medical History could be prepared. The same should be done with the epidemic and endemic diseases of each county. The experience of Dr. Clark, who has devoted much time and labor to this work, teaches the importance of doing quickly whatever we do. He says that a few years ago he could have very greatly enriched his paper. As the lingerers of antecedent generations pass off the stage, the facts which they know go with them. The lapse of every month adds to the difficulty of preparing a history of the medical men of the past. Let us make the record while we may, and leave those who succeed us to do justice in turn to our memories. Such records bind the profession together, unify their acts and endeavors, and furnish constant incentives to the younger men to merit a place of honor in the history of the future.

The Society at its last meeting instructed the District Societies to revise their respective by-laws, so as to correspond with the laws of the Society, and report to the Standing Committee. The Committee have received notices from Camden, Cumberland, Essex and Passaic District Societies, that they have conformed to the directions of the Society. No others have reported any action.

It only remains for the Committee to notice the names of those of our brethren of the profession who have ceased from their earthly labors. The list is a very long one. Fifteen names are on our death record—one taken in early manhood, a few in middle life, the majority gathered to their fathers in the ripeness of an

honored and revered old age. Drs. William Johnson, of Whitehouse, aged 78; Jno. N. Woodhull, of Princeton, aged 60; Edward W. Allen, of Shrewsbury, aged 79; J. J. Spencer, of Moorestown, aged 76; William B. Ewing, of Greenwich, aged 90; A. R. Newkirk, of Bridgeton, aged 50; J. C. Risley, of Woodstown, aged 50; Thomas G. Reed, of Woodstown, aged —; Charles Bartolette, aged 42, and T. M. Bartolette, aged 40, brothers, Hunterdon county; A. S. Miller, Scotch Plains; Charles Cook, Jersey City; Henry M. Stone, Perth Amboy, aged 42; J. Theodore Calhoun, aged 27; D. W. Barclay, Blue Ball. Obituary notices of most of the deceased have been received. They are appended to this report.

STEPHEN WICKES,
CHARLES HASBROUCK.

IN MEMORIAM.

HENRY M. STONE,

PERTH AMBOY.

Born March 21st, 1825. Died March 3d, 1866.

WILLIAM B. EWING,

GREENWICH.

Died April 23d, 1866. Aged 89 years.

J. THEODORE CALHOUN,

U. S. A.

Born September 17th, 1838. Died July 19th, 1866.

THOMAS GRANT REED,

BRIDGETON.

Born November 12th, 1837. Died September 12th, 1866.

NATHANIEL R. NEWKIRK,

BRIDGETON.

Born July 22d, 1817. Died November 10th, 1866.

AMOS S. MILLER,

SCOTCH PLAINS.

Died December 8th, 1866.

JAMES C. RISLEY,

WOODSTOWN.

Born June, 1817. Died November 21st, 1866.

JOHN N. WOODHULL,

PRINCETON,

Born July 25th, 1807. Died January 12th, 1867.

CHARLES COOK,

JERSEY CITY.

Died January 17th, 1867.

WILLIAM JOHNSON,

WHITEHOUSE.

Born February 18th, 1789. Died January 13th, 1867.

D. W. BARCLAY,

BLUE BALL.

Died March, 1866.

J. J. SPENCER,

MOORESTOWN.

Died April 7th. 1867. Aged 76 years.

EDWARD W. ALLEN,

SHREWSBURY.

Died May 16th. 1867. Aged 79 years.

CHARLES BARTOLETTE.

MILFORD.

Born April 3d. 1825. Died March 10th. 1866.

T. M. BARTOLETTE.

ASBURY, N. J.

Born November 4th, 1827. Died September 29th, 1866.

APPENDIX TO REPORT OF STANDING COMMITTEE.

OBITUARIES.

HENRY M. STONE, M. D. By Dr. C. McKnight Smith.

Henry Morrill Stone was born at Hartford, Conn., March 21, A. D. 1825. After acquiring a thorough knowledge of the ordinary English branches of education, he entered Kimball Union Academy, at Meridan, New Hampshire, and there prosecuted his literary studies for four years. Subsequently he attended a course of medical lectures at Dartmouth College, and a second one at the College of Physicians and Surgeons, New York, where the degree of M. D. was conferred upon him, in March, 1850. Shortly after he settled at Perth Amboy, entered on the practice of his profession, and continued therein up to the commencement of his last illness, which was protracted through several weeks of great suffering. He expired on the 3d of March, 1866, of disease of the mitral valve. Of Dr. S. socially, the writer can say but little, as our intercourse (other than professional) was extremely limited. Although for many years residents of the same place, and necessarily rivals in practice, nothing occurred to interrupt our relations of amity and good feeling. He was a zealous advocate of the honor of the profession, and jealous of the rights of its members.

CHARLES BARTOLETTE, M. D. By Jno. Blane, M. D.

Charles Bartolette, M. D., was born in Flemington, Hunter-

don county, New Jersey, on the 3d day of April, 1825. He was the son of the Rev. Charles Bartolette, Baptist minister of that place. His mother's maiden name was Martha Rush, daughter of Peter and Hannah Rush, of Philadelphia.

He received his preliminary education in the village in which he was born, being particularly watched over by his pious father; studied his profession with Richard Mershon, M. D., of that place, and attended the medical lectures of Jefferson Medical College in Philadelphia, where he graduated in the spring of 1846.

On his return from Philadelphia, he commenced practice in Milford, Hunterdon county, New Jersey, succeeding William Taylor, M. D., where he continued to reside until his death, attending to a large practice, in which he was very successful. He was a good practitioner of both medicine and surgery.

He had some taste for military affairs, was Captain some years of the Milford Cadets, and was Brigade Major and Inspector of the Hunterdon Brigade of the New Jersey Militia, which office he held at the time of his decease, as well as that of Vice President of the District Medical Society of Hunterdon county.

He received a good religious education, but never associated himself as a member with any church.

His health was generally good until within the last four or five years of his life, when, owing to untimely exposure, and fatigue of a large practice, he was subject to occasional spells of depression of spirits, which generally ended in diarrhœa, which, at length, took on a chronic form—say about a year before his decease, and gave him trouble at intervals, which became shorter and still shorter between them, until confirmed, and ended in his death, which took place at his residence in Milford, on Saturday, the 10th of March, 1866, being, at the time, nearly forty-one years of age.

His funeral was largely attended, and an impressive discourse was delivered by the Rev. Mr. Sloat, from Corinthians, 15th chapter and 23d verse, and his remains interred in the Milford Union Cemetery.

He married Miss Anna M. Carpenter, daughter of George Carpenter, Esq., and Ellen his wife, of Milford, on the 8th of March, 1851, and left four children, namely—Ellen, Peter, Louisa and Charles. He was kind, affectionate, and conciliatory in his manners, and, if he had been a good financier, might have been wealthy. He was about five feet eight inches in height, well proportioned, brown hair, expressive blue eyes, frank, open countenance, good conversational powers, pleasing in address, and in every way calculated to win and retain the confidence and affection of his patients. He was, in fact, a gentleman, in the profession and out of it, and had the good will of his professional brethren, as well as of all others who knew him.

THOMAS MILES BARTOLETTE, M. D. By Jno. Blane, M. D.

Thomas Miles Bartolette, M. D., brother of the aforementioned, and youngest child of his parents, was likewise born in Flemington, on the 4th of November, 1827. His preliminary education was the same as that of his brother. His health, in infancy and youth, was feeble. His parents often despaired of rearing him to maturity. It was not until he was about twenty-five years old that he commenced regularly to read medicine with his brother at Milford. He attended medical lectures at Jefferson Medical College, where he graduated in 1855.

He then commenced the practice of medicine at Mount Pleasant, Hunterdon county, New Jersey, succeeding Dr. Jacob Winters, where he continued till April, 1864, when he moved to Asbury, Warren county, New Jersey.

During his residence in Hunterdon, he was for some years a member of the District Medical Society of that county, and held the office of Town Superintendent of Public Schools for Alexander township several years.

His health, always rather precarious, was better during the first years of his practice. He had a good practice in Hunterdon, and among his patients many warm friends; still he thought best to remove to Warren county, where he had resided but a short time when his health began to fail. First, some symptoms of dyspepsia, then a heavy cold developed a disposition to phthisis, which gradually increased until 8 o'clock P. M. of Saturday, 29th September, 1866, when he breathed his last, being nearly thirty-nine years old.

His remains were taken to the Union Cemetery at Milford, and interred there near his brother, the Rev. Dr. Echard, of Easton, preaching from the text: "Not as I will, but as thou wilt." Matt. 26th chapter, 39th verse.

He married Miss Amy K. Johnson, daughter of Henry W. Johnson, Esq., and Sarah his wife, of Milford, on the 2d of April, 1855, and leaves one child, Evangeline.

His religious education was watched over by his worthy and pious parents with care. He never joined any church, although openly professing, in his conversation, a belief in the precepts of the Saviour, and died in the hope of a blessed immortality.

He was about five feet eleven inches high, bony structure, well developed, but not very muscular, which gave him a slender form. He had dark brown eyes, black hair, and, for a man of his years, a venerable aspect.

He was very precise and neat in all his business and dress, which gave him a very genteel appearance, and would impress any one at first sight that he was in the presence of a gentleman. . .

As he was the youngest child of his parents, so, likewise, was he the last of the surviving brothers of his family. Rush went to sea and was never heard of afterwards; Lemuel died in the city of New York; John went in the army to suppress the rebellion, and died there; and the last two as here related. All the sisters, four in number, still survive.

DR. WILLIAM BEDFORD EWING,

Died at Greenwich, New Jersey, on the 23d of April, 1866, in the ninetieth year of his age.

Dr. EWING graduated at the College of Princeton in 1794, and was probably the oldest of the alumni of that year. He studied medicine at Trenton, New Jersey, under the direction of Dr. Nicholas Bellvelle, one of the most distinguished physicians of the State, and commenced the practice of his profession in the Island of St. Croix, in which place he continued two years. He then settled in Greenwich, the place of his nativity, where he continued actively engaged as a physician for twenty-eight years, when he retired from its duties. He was for many years Presiding Judge of the County Courts, ten years a member of the State Legislature, and a member of the Convention which framed the Constitution of New Jersey in 1844. To these duties and honors of the citizen were added the crowning glory of being a disciple of Christ, and testifying the sincerity of his faith in his serene and peaceful death.

DR. EDMUND W. ALLEN. BY Dr. H. G. COOKE.

DR. EDMUND W. ALLEN died at Shrewsbury, New Jersey, May 16, 1867, in the eightieth year of his age.

With the early life of Dr. Allen I am not sufficiently acquainted to enter into details; suffice it to say, he was a gentleman of the old school, a highly respectable practitioner of medicine, and had the entire confidence of the people among whom his services were offered. He was among those who first established the Monmouth County Medical Society, though of late years he has not taken an active part in its meetings. He has been a regular practitioner of medicine for more than half a century, and continued in the practice until within a few months of his decease, and ever cherished a high estimate of the rights and privileges of the profession.

His intercourse with his professional brethren evinced a high sense of honor and unselfish generosity. He was a member of the Protestant Episcopal Church, and always led an active and consistent life. For a year or two preceding his death he was troubled with nasal catarrh, which in time communicated with the pharynx and larynx, causing violent fits of coughing and difficult deglutition, and latterly he was obliged to abstain from solid food.

His strength slowly declined, but his intellectual powers suffered no diminution.

THOMAS GRANT REED, M. D.,

Died at Bridgeton, New Jersey, September 12, 1866. He was born November 12, 1837.

THOMAS G. REED, M. D., received his academic education in Bridgeton, at the West Jersey Academy, during the superintendence of its first Principal, and is one of several sons of that institution whose lives were long, because they "answered life's great end." He will be remembered as a handsome youth, of prepossessing appearance and attractive manner, with much of that personal magnetism which draws intimate friends. His speaking eye and cordial hand showed him to be a man of soul. His zeal in his profession and his devotion to suffering humanity consumed him, and his name is now added to the long list of youthful martyrs to the medical profession.

Dr. Reed was known as a moral youth, but during his months of sickness the germs of those life-giving principles instilled by pious parents sprang up into fruits of joy and comfort unto everlasting life. He trusted in a risen Saviour.

NATHANIEL R. NEWKIRK, M. D.

DR. NATHANIEL REEVE NEWKIRK, the son of Matthew and Eliz-

abeth Newkirk, was born in Pittsgrove, Salem county, New Jersey, on the 22d day of July, 1817. He entered Lafayette College, Pennsylvania, where he graduated in the year 1841. Subsequently he studied medicine, and graduated Doctor of Medicine in the School of the University of Pennsylvania. In the spring of 1844 he commenced the practice of medicine in Pittsgrove, his native place, where, notwithstanding his being surrounded by older and longer established competitors, he became popular, and succeeded in obtaining a good share of professional business. In the summer of 1851, he removed to Greenwich, Cumberland county, New Jersey, and practiced medicine in that place, with steadily increasing popularity, until a gradual but persistent attack of pulmonary disease compelled him to abridge his labors, and finally to remove to Bridgeton, New Jersey, in the hope that, in that place, he might obtain a practice sufficiently remunerative, with less labor and exposure. His increasing debility and emaciation, however, made it painfully evident that consumption was doing its work upon his frame, and must soon prove fatal, when, on the 1st day of November, 1866, he had an attack of dysentery, which, on the 10th day of the same month, terminated his useful life.

His early religious training bore its appropriate fruit in his strictly honorable, upright and useful life; in the religion which enabled him to triumph over debility, pain, and the fear of death, and in the evidence furnished to those who were with him during the closing hours of his life, that he has entered into the "rest that remaineth for the people of God."

JAMES C. RISLEY, M. D.

Dr. Risley was the son of James Risley, Judge of Common Pleas, and was born at Woodstown, Salem county, New Jersey, in June, 1817. In 1834 he began the study of medicine in the office

of J. Hunt, M. D., at the age of twenty-one years. In June, 1838, he was licensed by the Board of Censors of the Medical Society of New Jersey for the Western District. He immediately began the practice of medicine at Port Elizabeth, where he remained until 1842.

While there he was united in matrimony to Miss Caroline Compton of that place. At the request of his father, he returned to his native town to practice, and remained until 1844. During this year he completed a very full college course, and graduated in medicine and surgery at Jefferson Medical College, Philadelphia. His next scene of labor was in Camden county, where he sustained a very extensive practice until 1849, when he went to Columbia, Pennsylvania.

In 1856 he settled in Muscatine, Iowa, and remained till 1861. Returning then to Pennsylvania, he opened his office in New Brighton. After a residence there of about three years, he returned, in 1864, to Woodstown. Though much broken in health, he pursued the practice of his profession until the last summer, when his increasing feebleness compelled him to desist. After lingering for several weeks in extreme suffering, heroically endured, he died peacefully, November 21, 1866.

Dr. Risley was of full size and symmetrical build. He had a clear, sharp eye, a pleasing countenance, and a bearing dignified and commanding, yet easy and natural. He was justly celebrated for his brilliant colloquial powers. When listening to his almost unbroken flow of language and of thought, the hours would pass unnoticed away.

In his profession he had few superiors, either as physician or surgeon. Wherever he practiced he immediately won the confidence of the people, and became the leading physician. His mind was one of unusual power. His memory was remarkable for its readiness. He remembered everything; he was a cyclopædia of medical knowledge. To the last he was an earnest and systematic student. It was his intention to become an author. Preparatory

to that step, he had written a number of valuable lectures, which are now owned by Dr. Warrington, of Salem, New Jersey.

Not until a few months before his last sickness did he pay any attention to spiritual things. After suffering untold mental anguish for months, he professed faith in Christ a few weeks before his death. His broken-hearted but pious widow lives in hope that she shall see him again on the radiant morn of eternal day.

JOHN NEILSON WOODHULL, M. D.

For four generations the paternal ancestors of JOHN NEILSON WOODHULL, M. D., were ministers of the gospel.

His grandfather was John Woodhull, D. D.; his grandmother a step-daughter of the Rev. Gilbert Tenant.

His father was the Rev. George Spafford Woodhull, pastor of the Presbyterian Church at Cranberry, and subsequently of the church at Princeton. His mother was Gertrude Neilson, a daughter of Col. John Neilson, an officer of distinction in the war of the Revolution.

Dr. John N. Woodhull was born in Cranberry, July 25th, 1807. He graduated at the College of New Jersey in 1828. He studied medicine in Princeton with Dr. Samuel Howell, and graduated in medicine at the University of Pennsylvania in 1832. He entered on practice as a physician at Middletown Point, whither his parents had gone to reside.

Soon after the death of his father, flattering proposals were made to him to settle in Mobile, Alabama, which he declined. As the health of his old preceptor, Dr. Howell, had now failed, he determined to enter on practice in Princeton. This was in 1835. In Princeton or its immediate vicinity he resided and practiced until his death. Prior to 1843 his practice extended many miles in all directions around Princeton. It required four or five horses, and he was riding night and day. Subsequent to the date just men-

tioned (1843) his practice was mainly confined to patients who visited him at his office, some of whom came from distant towns and counties, and even from other States.

His patients felt for him the strongest regard, and he manifested in them something more than a mere professional interest. His kindness to the poor was proverbial. His attachments were strong, and his aversions perhaps equally strong. His physical constitution must have possessed great vigor and recuperative energy. Among his intellectual traits, his memory, probably, was the most remarkable.

In his devotion to his parents he was most exemplary. He was not a communicant in the Christian Church, but professed to his pastor to rest all his hopes of salvation on the merits of Jesus Christ.

He accumulated a considerable estate from his practice, of which he bequeathed to the College of New Jersey property amounting in value to some $20,000.

After a painful illness of six months, he died on Saturday, January 12, 1867, at 2 o'clock P. M.

CHARLES COOK, M. D.,

Was born near Bordentown, Burlington county, New Jersey. He was brought up on the farm of his grandfather, under the supervision of his uncle, Dr. Joseph Cook, and a maiden aunt. After receiving his education at a boarding-school, kept by Mr. Arnold, at the age of seventeen he entered the counting-house of Joseph S. Lovering, of Philadelphia, where he remained till he commenced the study of medicine, in the autumn of 1843. His medical preceptors were, Dr. Joseph Cook, of Bordentown, where he spent the summer months, and Dr. Leidey, of Philadelphia.

After attending three courses of lectures, he received his diploma from the University of Pennsylvania, in April, 1845.

After practicing one year in Bordentown, in conjunction with his uncle, he removed to Jersey City in October, 1846. He was, with the exception of Dr. Josiah Gautier, the only young physician in the place.

October 6, 1847, he married the daughter of Jacob Ballenger, of Philadelphia. He was the father of four daughters—Florence, Gertrude, Sarah and Alice.

He passed the State examination of the Medical Society of New Jersey at Pennington, and received his diploma August 14, 1851.

Dr. Cook's name was associated with a few others in establishing the Hudson County Medical Society.

He was appointed City Physician three times, passed through the ship fever, the epidemic dysentery of 1848, the cholera of 1849 and 1858.

On the 8th of June, 1864, he went to the White House, as one of the Volunteer Surgeons. In 1865 he was appointed U. S. Surgeon, Examiner of Pensions. In 1866 he was appointed the gratuitous Physician of the "Children's Home."

As a politician he was a Republican, and was always an active worker in the great *cause of emancipation*, engendered by his Quaker proclivities.

He practiced medicine twenty-one years in Jersey City. He always spoke with *gratitude* of Dr. Corneilson, for his advancement in his early professional life.

He died January 17, 1867, and was interred June 7th, in that beautiful City of the Dead, South Laurel Hill, Philadelphia, with his infant daughter.

WILLIAM JOHNSON, M. D. By Jno. Blane, M. D.

Dr. William Johnson was born at Princeton, New Jersey, on the 18th of February, 1789. His father, Thomas P. Johnson, was a lawyer of distinguished ability, and was one among five in

this State upon whom was conferred the honorary degree of Sergeant-at-Law. His portrait adorns the court-room at Flemington, Hunterdon county, and hangs immediately over the judge's bench. His mother's name was Miss Mary Stockton, a branch of the distinguished Stockton family, many of the members of which have held important offices in State and National trusts.

At the early age of twelve years death deprived him of the sympathy and guidance of his mother, and he was left to pursue the studies of his early days guided by the wisdom of his distinguished father.

Selecting for his profession the practice of medicine, he devoted himself to the study of its theory and practice with Dr. John Van Cleve, of Princeton, New Jersey, as his preceptor.

He moved to Whitehouse in July, 1811. He soon got into a wide and laborious practice, to which he devoted himself with singular fidelity and zeal. He loved the study of medicine and the practice of it was with him almost a passion.

With a vigorous and active mind, he was a most laborious student, and constantly brought to his practice the result of patient research and study; added to this, he wrote with much clearness, elegance and force, and for about eight years was a regular contributor to the pages of the "New Jersey Medical Reporter," published at Burlington. In later years, when this journal was removed to Philadelphia, and assumed the name of the "Medical and Surgical Reporter," his articles were eagerly sought for and furnished until the infirmity of blindness compelled him to abandon both his pen and his practice. The articles he contributed to the "Journal of Medicine and Surgery," were extensively copied by foreign journals, and were highly appreciated. They were the results of his own experience, told with logical distinctness, and with a single eye towards elevating to a higher standard that science that has, in intelligent practice, so blessed the human race. As might be expected, he was skillful, and enjoyed a wide reputation.

Many also sought his presence, that they might sit at his feet as

pupils of Galen. Among those who studied medicine under his guidance, were the late Dr. John Price, the late Dr. Peter Haas, Dr. John Honeyman, of New Germantown, Dr. Henry Field, of Clinton, the late Dr. John Gaddis, of Fairview, Illinois, Dr. Andrew Otterson, of Brooklyn, Dr. Jacob Field, of Salterville, New Jersey, and his own sons, Drs. Thomas and John V. C. Johnson.

He was an early advocate for associating the members of the profession for mutual improvement, and with Drs. Nicholas Belville, of Trenton, Henry B. Poole, of Lebanon, and John Bowne, of Amwell, were associated in a commission from the Medical Society of New Jersey, and formed the District Medical Society of Hunterdon county, on the 12th day of June, 1821, at Flemington, at which time he was chosen Vice President of the Society, and on the 4th of May, 1824, President of said Society, which office he repeatedly held up to the years 1857 and 1858.

At the meeting of the Medical Society of New Jersey, held at New Brunswick, May 13, 1823, he was elected Third Vice President of the State Society, succeeding in that office Henry B. Poole. They were both of Huuterdon. The published minutes of the Society of that time, which was only in newspapers, told that fact.

In 1830, the Legislature having amended the charter of the Medical Society of New Jersey, the Society published it, together with a list of all the former officers, in a pamphlet issued from "Rutgers Press, by Terhune & Letson, New Brunswick, New Jersey, 1830," in which the name of Dr. William Johnson is published, as having been elected Third Vice President in 1823. This publication was made by an order of the Society which was passed May 11, 1830, and was revised and reprinted by an order of the Society passed November 13, 1838, in which reprint the name of Jacob Johnson appears, instead of William Johnson, whose name had, for the last fifteen years, been published as the said officer. The error took place at the time of the revision, as a reference to the original records of the Society will prove, and the error is still continued in all subsequent lists of the officers of that Society.

When the Medical Society of New Jersey appointed the Board of Censors in the Districts, he was one of the Censors for that District in the years 1848, '51, '52, '54, '56, '57, '58, '59, '61, '65.

He was a very attentive member of the District Society as long as his health and sight would admit of his traveling.

In his intercourse with his patients he was kind and affectionate, and soothing where he could not heal.

In his intercourse with his fellow practitioners he needed no written code of ethics to keep him in the line of his duty. With him it was natural to be courteous and honorable with every one.

He was for more than fifty years a member—and most of the time a ruling elder—in the Reformed Protestant Dutch Church of Rockaway, and died, triumphing through the merits of the Saviour, at his residence at Whitehouse, New Jersey, on Sabbath morning, January 13, 1867, being in the seventy-eighth year of his age. He retained full control of his mental faculties until but a few moments before his death.

His funeral took place on the 17th, when an impressive and eloquent discourse was delivered by the pastor, Rev. Mr. Van Slycke, from Joshua, 1st chapter, 2d verse, "Moses my servant is dead." His remains were interred in the cemetery attached to that church, there to remain until called forth at the resurrection of the just.

"If the memory of the just is blessed, how fragrant must be the memories that cluster about this faithful servant of God, who has been gathered to his fathers, as a shock of corn fully ripe. No man loved the ordinances of God's house and the prayer meeting more than he, nor was any ever more punctual. He realized the power of prayer and its necessity, and with rare gifts of utterance in this exercise, he delighted to lead the devotions of the people of God, which he did with singular ability and fervor.

"Amid the distracting scenes through which his church has been called to pass, he never forsook his post, but stood, like a faithful servant, encouraging the despondent, counseling the erring, and praying with the hopeful few. He lived long enough to see the

consummation of his wishes and the answers to his prayers. He lived to see his church a revived and united church, stronger in spiritual and temporal things than ever before, and to say with the aged Simeon, 'Lord, now lettest thou thy servant depart in peace, according to thy word, for mine eyes have seen thy salvation.'"

A full notice of Dr. J. THEODORE CALHOUN will be found in Dr. Clark's historical paper.

Reports of District Societies.

BERGEN COUNTY.

STEPHEN WICKES, M. D., *Chairman of Standing Committee:*

In the commencement of the year it was very generally anticipated that Bergen county would soon suffer from an invasion of cholera. Bergen county, from its proximity to the commercial metropolis, and almost constant communication with that city, must always, necessarily, be more exposed to this and other imported diseases, than some other portions of the State; and in point of fact, in previous epidemics of cholera, some portions of the county suffered severely, particularly in the epidemics of 1832 and 1849. The public mind, in the early part of the year, was, in consequence, very generally impressed with a vague dread of impending pestilence, a condition which, by its depressing influence upon the natural powers of vital resistance, was well calculated to increase the natural susceptibility to the action of morbific agents, and thus to promote the occurrence and spread of diseases.

Notwithstanding this, however, there was no material, if any, increase of sickness from the usual diseases of the climate, while, at the same time, the county was almost entirely exempt from epidemic diseases, and diseases of contagious origin.

Most of our physicians have remarked that pleuritis, pneumonia, &c., either alone or in combination, occurred more frequently than usual in the winter and spring months. This is in accordance with my own observation. In my own practice, several cases of pneumonia occurred even as late as the hot months of summer.

These diseases, however, presented nothing unusual in their course or character, or indications of treatment, showing, I think, an entire absence of any unusual atmospheric condition or epidemic influence, sufficient to modify the course of prevailing diseases, or to impress upon them any peculiar characteristics.

The same remark will apply, with slight qualification, to the diseases of the last summer and autumn. Dysentery, which generally prevails here to a greater or less extent from July to October, and which, in some years past, has shown itself as a violent and fatal epidemic, occurred less frequently than usual, while cholera infantum, cholera morbus, and diarrhœas, were perhaps more than usually prevalent.

This increased prevalence of the latter diseases, however, was, I think, more apparent than real, owing to the great increase of our temporary summer population. Our recently increased facilities of rapid and frequent communication with the city by railroad and telegraph, have had the effect of bringing into the county a large number of families for summer residence. These families generally had a large number of young children, and in my own practice, I am confident that most of my cases of cholera infantum, and many of diarrhœa, were among these.

The only peculiarity that I noticed in the bowel complaints of the last summer, was an unusually large proportion of cases of *serous* diarrhœa—that is, diarrhœa in which the dejections were frequent, copious, liquid, of a pale bluish color, and flaky, resembling very much a weak soap-suds made with "hard" water. In a very few cases the matters passed by vomiting and purging, had the genuine "rice-water" appearance of true cholera. These cases of liquid diarrhœa tended rapidly to great prostration, marked by husky or partially suppressed voice, feeble pulse, cool and dusky skin, &c. Sometimes cramps of the extremities were severe, and in most cases there was greatly diminished urinary secretion. In one of my patients, the bladder was emptied two hours before the

attack, and no urine was passed until twenty hours afterwards, and then only about half a gill, dark, turbid and offensive.

These cases, although very alarming from their suddenness and severity, generally yielded kindly to treatment. The following was with me a favorite prescription: ℞—Pulv. Camphor, Pulv. Plumbi Acetatis, *aa* gr. j. Pulv. Opii, Hydrag. Sub. Mur. *aa* gr.ss., made into a pill, with mucilage, and given every half hour, or every one, two, or three hours, as circumstances may require. With this treatment, together with mustard, hot bottles, &c., externally, and ice, iced water, and iced brandy and water internally, the patient generally recovered promptly, without the typhoid reaction, or symptoms of uraemic poisoning that sometimes follow cholera. The disease did not, in any instance spread, either in the family or neighborhood.

It is proper, perhaps, to say that isolated cases of this choleroid form of bowel complaint, have occurred every summer since the cholera epidemic of 1849. But it seemed to me, that the unusually frequent occurrence of cases of this character last summer, indicated an "epidemic constitution of the season," highly favorable to the development of cholera, and that required only the introduction of the specific poison of the disease to develop the pestilence in its genuine form.

Dr. De Mund, physician to our County Almshouse, reports two cases of cholera in that institution; one in an adult, the other in a child about four years old. Dr. D. does not give a history of the cases, but simply writes that they were "cases of genuine cholera." Both proved fatal in about sixteen hours. These are the only cases that have been reported to me as genuine cholera.

But few cases of malarious fevers occurred in the county the past year. Even in those localities in which intermittents, &c., are most apt to prevail, they were very seldom met with.

The same is true of typhoid fever. The only cases that have been reported to me occurred in the practice of Dr. Wells, who is located near the southeastern boundary of the county. The cases

themselves were in Hudson county, on the Palisades—a locality in which the disease would scarcely be expected to occur. Dr. W. states that these cases, some half a dozen or so, all occurred in three or four families living near each other. The wells from which these families are supplied with water are sunk only ten or twelve feet beneath the surface, among the rocks, and of course are supplied only with surface water. Besides, the waste water, &c., from the houses, are led off by a surface drain, which was exceedingly filthy and offensive, spreading out in one place into a nasty duck pond. The Doctor attributes the disease to these causes.

A few cases of diphtheria occurred in various parts of the county, but in only one instance did the disease assume anything like an endemic character. In this exceptional instance the disease made its appearance among the pupils of a private school, in a damp locality, and spread through the school and among the children of the neighborhood with whom the children were accustomed to play. Some fifteen children were attacked, of whom three died.

In my reports for 1864 and 1865, I mentioned the fact that a few cases of variola had occurred in the county; that the contagion in every instance could be traced to a foreign source; and that, in consequence of the very general practice of vaccination, the disease soon died out for lack of subjects liable to its attacks.

I regret to be obliged to state that recently this loathsome disease again made its appearance in one portion of the county, and that, too, under circumstances that challenge the prompt attention of the Society and of the legislative authorities of the State.

Near this village, on the Hackensack River, are two or three brickyards, employing a number of laborers, mostly Germans. Below the village, but in immediate connection with it, is a settlement of about fifty families, most of whom are, apparently, of the lowest class of German laborers, ignorant, superstitious and dirty. The location is low and damp; the residences of these people are small, and built without reference to comfort or to hygienic conditions. On inquiry I have also learned that most of these fami-

lies had never had their children vaccinated. Whether this was the result of ignorance, or penuriousness, or neglect, I cannot say. In the latter part of the winter, a German laborer moved his family from the city into this neighborhood, and began to work in one of the brickyards. In a few days he was taken sick with what proved to be confluent small-pox, and soon died. From this case the disease spread through the family and into the neighborhood above described. I am informed by the physicians in attendance, that twenty-seven cases of the disease occurred, several of which proved fatal. I visited one of these cases in consultation. It was a case of confluent small-pox. I found the patient in a room about twelve feet square. It was the only room on the first floor, and served the purposes of kitchen, dining-room, bed-room, and everything. He was lying on the bed with his pants on, and the bed-clothes and the patient's apparel were literally stiff with accumulated dirt. The filth of months' collection, apparently, lay thick upon the floor. The door and windows were tightly closed, and every possible chance for ventilation carefully shut up. The extraordinary combination of intolerable stenches that saluted the nostrils on entering the room, was infinitely beyond anything the mind can conceive. And such, I am informed, is the condition of many of the residences of this peculiar people in this particular locality.

I mention these facts more particularly for the purpose of calling attention to the great importance, and, in view of the probable occurrence of cholera during the coming summer, the imperative necessity of some action on the part of the public authorities to protect the citizens of the commonwealth from the dangers to the public health resulting from this and similar pest-places throughout the State.

The lowest class of our foreign population is entirely ignorant of the first principles of hygiene. From infancy they have been educated to filth and in neglect of the simplest laws of health. They emigrate to this country in the conviction that here they can

live as they choose without molestation, and free from the prying inquisition of government officials. Arguments addressed to their reason are thrown away, and their habits of life cannot be changed by appeals to their sense of moral or social obligation. In short, it seems to me that the only thing that can reach or influence them, in the first generation at least, is the strong arm of the law enforced by a firm will. By the establishment of a Sanitary Commission or Board of Health, invested with authority and backed up by power, to turn out, clean out, purify and disinfect, and, if need be, quarantine the infected parties and places, and in some instances by this alone, can the public health be effectually protected and the public interests efficiently guarded. Our State, it seems to me, is sadly in want of some such legislation as this.

No unusual cases have been reported to me, nor any violations of our excellent code of ethics.

CHAS. HASBROUCK.

HACKENSACK, N. J., May 1, 1867.

BURLINGTON COUNTY.

Chairman of the Standing Committee, &c.:

Judging from the numerous and able reports furnished by the members of this Society for the Centennial Meeting, I entertained no doubt that the spirit of communication was so completely aroused that a verbal request at our district meeting in January last, would have been sufficient to elicit a corresponding response.

It was a mistake—only one paper has been received, and that merely a meteorological report from Dr. Thornton, very accurately kept, but unfortunately mislaid, and not to be used at the present time. It would seem from verbal information that the past year has offered so little novelty in the characteristics of the diseases of the climate, that physicians find difficulty in seizing on an interesting subject for communication.

Perhaps that which most prominently claimed both professional and public attention during the last year, was the anticipated invasion of Asiatic Cholera.

To a very considerable extent, when the population was sufficiently dense to warrant the effort, hygienic measures were adopted, cautionary advice given, and medicines suggested for domestic use in the incipient stages of the disease.

With one exception, there does not appear to have been any remarkable tendency to that specific form of Cholera. In the Burlington County Poorhouse, where many broken-down constitutions, the idiotic and imbecile are congregated, with others to the number of two hundred, and where in 1854 the cholera raged with much fatality, we had not one fatal case during the past season. Thorough cleanliness was observed, a supervision enforced over careless indulgence in unripe fruit, and indigestible food generally, and a liberal supply of the following mixture kept on hand with instruction to use freely in all cases of diarrhœa as soon as reported. Tr. Opium, Tr. Camp. and Capsicum in equal quantities, to be given in oz. doses pro re rata. The compound was very efficacious in arresting every case of diarrhœa, of which there were the usual number of cases generally occurring at that season of the year.

One remarkable exception to the above exemption from virulence of character, happened in the city of Burlington in the month of August.

The circumstances were such as to afford strong presumptive evidence of very circumscribed origin, yet do not entirely sustain it.

There were seventeen cases, fourteen of which proved fatal in periods of 24 to 60 hours duration. The earliest cases were located in different and distant parts of the city. About one-half had their origin in two families who used the water from a well of uncommon foulness. These cases were exceedingly malignant, the patients dying in a few hours, apparently without premonitory

symptoms. After the wells had been thoroughly cleansed and the water no longer used, no more cases occurred. All who drank from that well were not affected, neither had all the subjects of cholera visited that locality. It seemed to have had a more widely spread origin, but certainly was intensified by the putridity of that well. Burlington lies on the line of the railroad communicating between New York and Philadelphia, in both of which cities there was more or less cholera at that time. Bordentown and other places lie on the same line where there were no such cases.

As I have only the health of my own immediate district to dwell upon, my report must necessarily be very brief.

No epidemics worthy of note have occurred during the year. Pertussis is now prevailing, but generally uncomplicated, and managed mostly in a domestic way by some one or other of many remedies now in use. Intermittent fever, although a hackneyed subject, in its endless protean phases, must ever be one of interest to the physician. Concealed and latent, its period of incubation appears to be as variable as its forms are diversified.

The intermittent type is now established here. I have not seen a case of typhoid or continued fever for nearly three years, but insidiously and often obscurely, the intermittent type gives character to almost all ailments, and renders them amenable to quinine to an extent unknown here for the past thirty years.

Rheumatism. About fifteen years ago, Dr. Joseph Parrish, then of Burlington, read before the Society a paper, in which he said, "I expect to cure acute rheumatism as certainly by quinine, as intermittent fever."

I then tried it without any such success. Now it is perhaps the best remedy at my command. Six cases of chills and fever have occurred in the puerperal state since the first of January. Four of them had not had the fever and ague. Two had suffered from it last fall.

In the first place the chill occurred on the second day after parturition, assumed the tertian type, (unusual here). This patient

had a few chills last summer; not the least intimation of return until the fifteenth of January.

Four of the other cases were developed for the first time after confinement. I presume in the latter cases the virus had lain latent since last summer or fall. At first these cases were alarming, but their character now being understood and their amenability to quinine established, they have ceased to be so.

Hernia. I mention this case of strangulated hernia for the purpose of calling the attention of the country physicians to the importance of more frequent *post-mortem* examinations for the correction of diagnosis, and justification, or not, of the practice pursued. H. S. had complained at times of pain in the right umbilical region for more than two years, occasionally so severe as to require medical aid. An epispastic, with an aperient or two, generally relieved so much that a mere sensation of uneasiness, scarcely sufficient to claim attention, only remained during the interval between the violent paroxysms. Bowels rather inclined to torpidity. One year from the beginning of this derangement of health, a direct inguinal hernia was detected, generally giving a feeling of uneasiness rather than pain, excepting when it became enlarged and required reduction, which could be only partially effected, but enough to give relief.

I supposed it to be a permanent omental hernia, with occasional intestinal reducible complication. An ordinary truss could not be worn. A concave pad, surrounding the tumor, and preventing intestinal protrusion, did better when kept to its place, but that was difficult, and at length an irreducible strangulation occurred, for which an operation was performed.

Instead of omentum, the permanent tumor was composed of a a portion of the cæcum and appendix strongly adherent to the sack, with at this time an additional portion of intestine forced down and strangulated. By patience and perseverence the adhesions were broken up, and the whole mass, although quite dark and tinged, returned. Wound dressed, patient kept perfectly quiet,

and bowels easily moved by castor oil, appeared to be doing remarkably well until the eighth day, when she was suddenly seized by violent pain in the side and vomited stercoracious matter. Died on the morning of the tenth day.

Post-Mortem.—Cut well closed and united, cæcum and appendix entirely free, having nearly recovered their natural color and tenuity, but a portion of the ileum three inches in length was attached to the side five inches above the inguinal wound and seven feet from the cæcum by intestinal measurement. The adhesion was entirely gangrenous, involving about two-thirds of the circumference of the intestinal canal through the length of the attached portion. Why that spot should have run into gangrene, whilst the damaged cæcum was so rapidly resuming its healthy condition, I cannot tell.

Viewed as a necessary surgical operation, it was entirely successful, and would justify the repetition under similar apparent circumstances. Whilst the unfortunate result was owing to complication which we had no means of appreciating to their full extent.

It becomes my duty to announce the death of the venerable Dr. J. J. Spencer, of Moorestown, who died on the 7th of April, 1867, aged about 76.

In the death of Dr. Spencer the medical profession has lost a member, highly esteemed for his professional attainments, urbanity and courteous deportment to his fellows, while society laments the departure of the gentleman, philanthropist and Christian.

J. P. COLEMAN.

PEMBERTON, May 20, 1867.

CAMDEN COUNTY.

Chairman of the Standing Committee, &c.:

The change in the time of the Annual Meeting of our State Med-

ical Society from January to May, makes it still proper that we should commence our annual summary, in January, 1866. The commencement of the year was remarkable for the intense severity of the weather, rarely equaled, and never, we believe, exceeded in this vicinity. The thermometer January 8th, 1866, fell to 12 degrees below zero, and some distance in the country it was as low as 16 deg. in a few exposed localities, but in a few days it rose to 40 deg. above. The great variation in temperature caused an unusual amount of disease in the respiratory organs. Pneumonia, Bronchitis and Pleurisy were of frequent occurrence. The Pneumonia was of a very severe form, proving fatal in many elderly persons, and in those whose constitutions had been impaired by intemperance, exposure, or in general whatever had a tendency to impair the vital powers. Pneumonia, as met with in this county, was for the most part of an asthenic type, rendering the use of the lancet unnecessary or inadmissable, but manifest advantage was often derived from cups and blisters, and in many cases dry cups were very useful, where even local depletion was of doubtful value. In this connection we may remark, that although our present form of inflammatory diseases do not admit of the same depletory treatment they once required, we do not think it advisable or necessary that stimulants are required, but that the practitioner should rather adopt a supporting treatment by means of diet, and suitable nourishment, so as to keep the system up while treating the disease by proper medicines. We are convinced that in some cases harm has been done by the too early and too frequent use of alcoholic stimulants, which have the tendency to hurry the blood through the inflamed lung, as well as to produce cerebral disturbance at a time when the proper decarbonisation of the blood is already difficult, owing to the inflammation existing in the lung tissue. With those views we have thought that it was more prudent to reserve the use of stimulants to the latter stage of the disease, when they can be given with more safety. Catarrh and croup were met with in many parts of the county, especially the latter, which often termi-

nated in the formation of the false membrane, which proves fatal in the vast majority of cases. Our own observation rather inclines us to believe that croup is more fatal than it was a few years ago, when active depletion, both from the arm and by leeches, was more frequently resorted to, even in young children. Scarlatina, which often prevails in an epidemic form in winter and spring, was rarely met with in the city of Camden, the cases being for the most part sporadic and of the simple form; yet in one part of the county, in Waterford Township, about sixteen miles from Camden, Dr. J. W. Snowden reports that scarlatina maligna has prevailed for several months, in many cases attacking adults as well as children, proving fatal in quite a number of cases.

Small Pox, which a few years ago prevailed in some places almost as an epidemic, has almost entirely disappeared, the few cases that have been seen having been contracted at a distance, and not spreading out of the immediate family,—differing in this respect from what we see in some years, when a single case introduced in a neighborhood serves to spread the disease over a large space, illustrating the active power of an epidemic condition of the atmosphere to diffuse the contagion over large districts. As summer approached, the almost universal expectation that we should be visited by an epidemic of cholera, caused the profession as well as the community at large to look to the advent of warm weather with anxious solicitude. Situated as our city and county are on one of the great highways of travel between the North and South, and warned as we were by its appearance among the emigrants arriving at New York, it gave us no right to expect immunity from its attacks, if we neglected those various sanitary and hygienic precautions, which ample experience in other places had taught us could be made available to prevent its occurrence, as well as to rid us of it when it should have made its appearance in our midst.

A committee of our local medical society were appointed to confer with the municipal authorities of the city of Camden, who, in the most liberal and courteous manner, put the most ample power

in their hands to place the city in a proper sanitary condition, the Health Committee of the City Council having ample power to abate all nuisance, and to do whatever might be deemed requisite to remove all filth, as well as to fill up all stagnant pools and ponds of water, of which from the natural conformation of the ground, there were too many existing. Under the authority thus granted, the Sanitary Committee at once proceeded to a visitation of the city, especially in those places where the sad experience of 1849 and 1854 had taught us to fear an outbreak of the disease. Many pools of stagnant water were filled up, and the city ordinances, directing the cleaning out of the privy wells, were directed to be carried out; and the ordinance directing the removal of all pig sties within the city limits, directed to be enforced with absolute strictness. Many persons strongly objected to the enforcement of this latter ordinance, and tried every expedient to evade it; and we were informed by some of those who were appointed to carry it into effect, that in several cases the pigs were found concealed and domesticated in the cellars, which were found reeking with filth and decaying garbage. No wonder that in such places, and with such surroundings, disease and death held carnival; and it was in just such a place that the disease first appeared and prevailed with great malignity and fatality. The first undoubted case of cholera occurred in the city of Camden on the 25th of June, in a small court at the foot of one of the streets, whose outlet to the river was cut off by the Depot of the Camden and Amboy Railroad. It was in a locality mostly inhabited by Irish laborers, in old houses, with no cellars, owing to the nature of the ground. This case proved fatal; and no other case was met with until the 25th of July, just one month subsequent to the first case, and near the same locality as the first one. The attention of the Sanitary Committee was at once called to the place, and active measures were adopted to have it properly cleansed and disinfected, which it sadly needed. The privy wells were found full and running over; pigs were found in the sheds near the doors, and in one instance, chickens

were living in the garrets. A number of cases followed in rapid succession, nearly every one of which proved fatal. But it may be mentioned as a remarkable fact as well as coincidence, that as soon as the place was properly cleansed and disinfected, the disease at once disappeared from the locality. Another case in the same vicinity was seen on the 18th of August, nearly three weeks from the time that the locality was cleansed and disinfected by the Sanitary Committee. On examination, a subterranean drain was found immediately in front of the house in which the last-named case occurred, which had become choked up. It was at once cleaned out and disinfected, and no more cases were seen there. Two or three other cases were, however, found in a distant part of the city, and one or two on the vessels in the harbor, but they seemed to be sporadic cases, brought on by intemperance or exposure, and the neglect of the premonitory diarrhœa.

On the 21st of September a case occurred in the lower part of the city, in a locality inhabited by poor Germans and negroes. No direct connection could be traced between this locality and the one previously infected, but it was in a part of the town in which the yards of the houses were from one to two feet below the grade of the streets surrounding the block. Quite a number of cases followed the first case alluded to above, almost all of which were rapidly fatal. The same sanitary measures of cleansing and disinfecting the place were at once resorted to, with the same happy effect of immediately arresting the spread of the disease, not a single case occurring after the disinfecting process had been completed. A full and very interesting report of the cholera in Camden has been carefully prepared by Dr. John R. Stevenson, Chairman of the Sanitary Committee of the Camden City Medical Society. From this report most of the above facts have been derived. This report your Reporter begs leave to append to this, as it contains many facts of the highest interest, and may be relied upon for the accuracy of all its statements. Appended to the report of Dr. Stevenson is a very interesting set of tables, prepared by an accurate

observer, Mr. James Lippencot. They comprise a full set of Meteorological Tables of the months of June, July, August, September and October, 1866, with the mean temperatures and relative humidity of the corresponding months of 1864 and '65. The total number of cases of cholera in Camden in 1866, were 39, of which 30 proved fatal, showing that the disease is of as great, if not greater fatality, than in the epidemics of 1849 and 1854, and that our great reliance must be placed on proper sanitary and hygienic precautions, to prevent the onset of the disease, and to stamp it out where it does occur. In this connection may be mentioned a very instructive fact. On the outskirts of our city there is a settlement of blacks, living, for the most part, without any regard to cleanliness, and without any sanitary precautions. In this settlement lived the person who was employed to clean out the privy wells in the locality where the disease first appeared. This man died after a short illness, followed by two others in the same household. It was found, on examination of the premises, that a large number of pigs were kept fed on the refuse slops collected from different families in Camden, and brought there, more than a mile distant, and fed to the pigs in a half decomposed state. And in addition to this, near this settlement, was the dumping ground for large quantities of night soil, brought from the privy wells of Camden. It was only covered up by a thin coating of earth, which the heavy showers of summer often washed away. With those surroundings, it was no matter of surprise that many fatal cases occurred in this locality; and as it was outside the corporate limits of the city, the Sanitary Commission of Camden were powerless to act, or to take any active measures to abate the nuisance. No accurate statistics of the mortality here could be obtained, but as far as could be ascertained, the deaths were 25, with but one or two recoveries. Your Reporter has heard of but one other case of cholera in the county, and that was at Winslow, more than 25 miles from Camden. At this place (Winslow,) it prevailed with great fatality in 1849. It is the seat of large glass works, operated by a great number of workmen.

In regard to the treatment of cholera, as it was seen with us, little need be said. In a large majority of the cases, the curable stage was past before the patient was put under any treatment at all; the patients, with but very few exceptions, being among a poor and degraded class, living in filth, poverty and intemperance. They almost all, without exception, had the premonitory diarrhœa from periods varying from one to two or three days; and when the cholera once began, the stage of collapse came on with great rapidity, when little could be done, except to keep up the vital powers for a time by active stimulation, both internally and externally. Calomel, opium, camphor and capsicum were given with apparent advantage, with sinapisms, dry heat and frictions to the skin. Opium had to be used with caution, for fear of producing cerebral congestion, which was almost always fatal. In some of the cases which occurred in the latter part of September and October, the use of belladonna and strychnine, thrown under the skin by the hypodermic syringe, resulted in great advantage under the care of Dr. Alexander Marcy. They seemed to rouse the prostrated, nervous energy, and produce warmth of skin and more action in the heart. Several of the cases of recoveries were treated under this plan; and altogether, it seems well worthy of more extended trial, should the disease make its appearance again.

Intermittent and remittent fever prevailed in the rural districts of our county in many localities, from July to the last of October. In some districts along the water courses but few farm houses were exempt. The intermittent fever was mostly of a tertian type at first, but if neglected or improperly treated, passing into a quotidian or remittent fever. Typhoid fever was of much less frequency than in some previous years, but the remittents were of a tedious character, often lasting for three weeks. Quinine continues, as heretofore, to be our main reliance in the treatment of our malarial fevers, but it is a matter of common observation among medical men, that it must be used in much larger doses than were

thought requisite a few years ago; and occasional repetitions of the medicine must be resorted to in order to prevent the constant tendency to recur on the second or third hebdominal period. With regard to the greater frequency of intermittents now than in former years, much speculation has been indulged in. One important fact may be mentioned as having some bearing on this point. It is a well established fact that the numerous creeks with which our country is intersected have become much shallower and more sluggish within a few years, the head of navigation in most of them being from five to eight miles nearer their mouth than it was years ago; and the tide in these creeks does not run with the same rapidity it did a few years ago. This shallowness of the streams has been attributed by the boatmen who navigate them, to the clearing off of the timber along the course of the streams, and the consequent drying up of the numerous springs which served as feeders to the streams. Another fact may also be mentioned. The streams already alluded to as running through the county are lined with a great extent of marsh land. These marshes have been reclaimed from the tide by means of banks, and then properly drained by means of sluices and ditches, placed near the level of low water. For many years these sluices and ditches served to drain the meadows so that they could be easily cultivated. But it is a well established fact that these meadows have, in the course of years, gradually settled down, so that at the present time many of them are but little above the level of low water in the streams, rendering their drainage imperfect, and the meadows themselves wet and boggy, producing only a coarse grass and rushes, where, when the meadows were properly drained, corn and good hay were every year produced in great abundance. This has the effect of causing many acres of low and wet land all through the county favorable to the production and dissemination of malaria. It is in the farm houses thus situated that intermittents are much more frequent than they were years ago. Your Reporter can point out several farm houses, which are thus situated along the margins of these sluggish streams, that are now always afflicted each year with in-

termittent fever from July to October, where he has been assured by their owners intermittents were formerly rarely known.

With the exception of the cholera in Camden, and the autumnal intermittents in the country, our county has been remarkably healthy during the past year, and can compare favorably with the other counties of the State.

RICHARD M. COOPER, M. D., *Reporter.*

A HISTORY OF THE CHOLERA IN CAMDEN IN 1866, AND OF THE MEASURES ADOPTED FOR ITS PREVENTION.

The members of the Camden City Medical Society, having in remembrance the previous severe visitations of cholera to this city in 1849 and 1854, and in consideration of the frequent communication between this city and those of Philadelphia and New York, deemed it wise to appoint, at their quarterly meeting in September, 1865, a Committee of four of their members, who were instructed to adopt such measures as might tend to prevent an invasion of the city by cholera.

At this time Camden, a city containing a little over eighteen thousand people, was probably as filthy, in comparison with its size, as any city in the Union. The drainage of the streets, owing to the nature of the ground, is necessarily superficial and very imperfect, but few of the streets running at right angles to the Delaware river having direct communication between their gutters and the tide-water of the river; the most of them emptied the contents of their gutters either on to the flats along the water's edge, or else on to lots adjacent, where they formed small ponds, from which the excess of water passed off by evaporation, reeking with foul and unwholesome effluvia. Garbage, coal ashes, and other filth were constantly thrown by citizens into the streets, (most of which are unpaved) and allowed to remain there, until a negligent Street Contractor felt inclined to skim off the surface and cart it away. The cesspools, shallow in depth, because the water in this

city rises to within a few feet of the surface, were, in many places inhabited by the poorer classes, full and overflowing upon the surface of the ground, contaminating the atmosphere with their poisonous gasses. Another great nuisance was the numerous pig-sties which, in the course of years, had been allowed to be erected in the yards of the houses of the lower classes in all parts of the city, in which hogs were fed on slops and garbage; these, in conjunction with the filth of the animals, emitted a most foul odor.

The first action of the Committee was to effect a change for the better in the sanitary condition of the city. The attention of the City Council was called to it, and to the probable early advent of cholera amongst us.

This body courteously received the suggestions of the Committee, promptly acted upon them, by instructing its Sanitary Committee to enforce the ample and plenary health ordinances, which were found to be equal to any emergency; directed that a complaint book should be kept open at the Health Office, in which citizens might enter complaints of nuisances; issued a public notice, warning citizens that cholera might be expected here the ensuing season; ordered the removal of all nuisances, and published the health ordinances of the city, with a prohibition against their violation. These manifestoes were not allowed to remain a dead letter. The authorities acted, during the balance of 1865, and during 1866, with a promptness and energy highly commendable. A new Street Contractor was appointed, who cleansed the streets thoroughly, fortnightly, during the warm weather; permanent and temporary drains were constructed to carry off all stagnant waste water from the streets; stagnant ponds were filled up; pigs and pig-sties were entirely excluded from the city; all complaints of nuisances were at once investigated, and nuisances abated. In fact, by the summer of 1866, the sanitary condition of the city had been so changed, that Camden was as clean as any city in the country.

As soon as the hot weather commenced, the Committee of the Medical Society, (June 23, 1866,) prepared a circular, recommending the use of disinfectants. This circular was in the main copied

from the one issued by the New York Board of Health, naming as suitable substances to be used in public and private places, houses, cellars, cesspools and in all filthy localities, quicklime, charcoal powder, chloride of lime, sulphate of iron, and permanganate of potash. Full directions were given how to use them, and attention was especially called to the importance of their use in disinfecting the rooms, clothing, bed-clothing and discharges of any persons who might become sick with cholera.

When cholera appeared in the city, the Sanitary Committee delegated to the Medical Committee authority to put in execution any measures they might deem advisable to prevent its extension, and the officers of the first-named Committee were instructed to carry out all orders received by them from the latter.

The plan pursued to check the extension of cholera was as follows: Each physician in the city having been requested to report any case of the disease occurring in his practice to the office of the Sanitary Committee, so soon as a notice of a case was received, the premises where the patient lived were carefully inspected, and any filth found there was at once removed. The cesspool was disinfected by throwing into it a solution of sulphate of iron, in the proportion of about two pounds to a common pail-full of water. Chloride of lime was then cast into it and around it—spread over any place upon which filth had rested, and directions were given to have it placed in open vessels, in the sick room, and other parts of the house. Upon the recovery or death of the patient, the clothing and bed-clothing were directed to be either destroyed, or else boiled, and disinfected with chloride of lime if white, and permanganate of potash if colored. If the patient died, the family were directed to have the body buried without delay.

Notwithstanding the care taken to preserve the cleanliness of the city, cholera appeared here on June 25th. Between that date and October 20th, thirty-nine cases occurred, but at no time did it become epidemic. The type of the disease was malignant; thirty cases were fatal. The following is a tabular list of all the cases, with the particulars of each so far as could be ascertained:

DATE.	NO.	OCCUPATION.	*RESIDENCE.	PREDISPOSING CAUSE.	RESULT.
June 25	1	Hostler.....	2d and Mickle sts....	Unknown.....	Died....
July 25	2	Laborer.....	" " "	Unknown.....	Died....
" 26	3	Child of above	" " "	Had chol. infan. previously.....	Died....
" 27	4	Seaman	Vessel in port.....	Unknown.....	Died....
" 30	5	Laborer's child	2d and Mickle sts....	Unknown.....	Died....
" 30	6	Laborer's child	" " "	Unknown.....	Died....
" 30	7	Wife of laborer	" " "	Unknown.....	Died....
Aug. 4	8	child, good parentg	" " "	Unknown.....	Recov...
" 11	9	Laborer.....	8 sq. N 2d & Mickle st	Had been intoxicated two weeks	Died....
" 18	10	Laborer's child	2d and Mickle sts....	Unknown.....	Died....
" 21	11	Seaman	Vessel in port.....	Unknown.....	Died....
" 23	12	Merchant.....	10 sq. SE 2d & Mickle	Lived prudent—wealthy.....	Died....
Sept. 5	13	Mechanic.....	8 " S " "	Unknown.....	Died....
" 12	14	Lab'ng woman	6 " N " "	Very poor—been to a party night previous.....	Died....
" 17	15	Shipping mast.	12 " S " "	Over 60 years old.	Died....
" 18	16	Col'rd seaman.	Vessel in port.....	Unknown.....	Died....
" 21	17	Laborer.....	2d and Line sts.....	Been living on bread and water for economy....	Died....
" 21	18	Laborer.....	" "	Unknown.....	Died....
" 22	19	Mast. mechanic	4 sq. E 2d & Mickle st	Been to a public supper 2 nights previous.....	Recov...
" 22	20	Laborer.....	12 " " "	Subject to chronic diarrhœa.....	Died....
" 24	21	Wife of No. 20	12 " " "	do do	Died....
" 24	22	Fish peddler..	7 sq. S E 2d & Line st.	Unknown.....	Recov...
" 25	23	City official...	7 " " "	Had diarrhœa—eat raw oysters night previous..	Recov...
" 25	24	Mechanic.....	6 sq. S " "	Unknown.....	Recov...
" 27	25	Laborer's child	2d and Line sts.....	Unknown.....	Died....
" 29	26	Laborer's child	" " "	Unknown.....	Died....
" 29	27	Col'rd laborer.	" " "	Unknown.....	Died....
" 29	28	Col'rd laborer.	" " "	Unknown.....	Died....
" 29	29	Col'rd laborer.	" " "	Unknown.....	Died....
Oct. 1	30	Col'rd female..	" " "	Unknown.....	Died....
" 1	31	Col'rd female..	2 sq. S 2d & Line sts.	Unknown.....	Died....
" 1	32	Lady.....	6 " " "	Unknown.....	Recov...
" 1	33	Bartender....	1 " E 2d & Mickle st	Unknown.....	Recov...
" 1	34	Col'rd laborer.	5 " S 2d & Line sts.	Unknown.....	Recov...
" 5	35	Laborer.....	8 " S " "	Dissipated	Died....
" 5	36	Col'rd laborer.	2 " SE " "	Unknown.....	Died....
" 7	37	Ship Carpenter	1 " SE " "	Unknown.....	Recov...
" 13	38	Ship Carpenter	1 " SE " "	70 years old.....	Died....
" 20	39	Seamstress....	1 " SE " "	Unknown.....	Died....

*NOTE.—Residences are noted as measured in distance from two points, Second and Mickle streets, and Second and Line streets, separated from each other by open lots, a distance of six squares (½d of a mile); these being the only places in which cholera became located.

The origin of cholera in this city could not be ascertained. The first victim of the disease was a hostler, who worked at stables adjacent to the depot of the Camden and Amboy R. R. Co. His residence was likewise adjoining the same depot, in one of the poorest and filthiest localities in the city, inhabited chiefly by the lowest class of Irish. After the lapsê of a month, the second case occurred in a court in the same square. The individual was a laboring man, who was employed at the above named depot. Within four days, this case was followed by four more. The houses in this court were very filthy; one house, in which two children died of cholera, had a number of chickens domiciled in the kitchen, which was covered with their filth. The cess-pools were in a bad condition. A hide and tallow establishment joined one side of the court, but this had been cleaned and closed by the authorities, some weeks previous. The interesting fact concerning this place, is that the day (Aug. 1st) upon which the workmen of the Sanitary Committee finished cleaning and disinfecting it, witnessed the last case of cholera there. Another case occurred in the same neighborhood, but in another court, on August 18th. The house was clean, but immediatcly in front of it was a drain, through which the waste water of the streets passed from the surface into a subterranean passage leading to the river. This passage was at once uncovered, cleaned and disinfected, with the effect of preventing another case of the disease.

On September 21st, a German, living in a low, poor and unhealthy locality, inhabited by a mixed population of whites and blacks, (Second and Line streets), died of cholera. It is said that he had been living for some time on bread and water, in order to save money to pay for a little property that he had purchased. Within the next ten days there were seven additional cases in this locality. The yards here were found to be filthy, several cess-pools having overflowed their contents into them. The workmen of the Sanitary Committee finished cleaning and disinfecting this spot on October 1st, and on that day the last case occurred there.

It is not believed that there was any connection between the outbreak of cholera at Second and Line streets, and the previous one at Second and Mickle streets, for the disease had been undoubtedly eradicated from the latter place. Case No. 9, (August 11th), was a stranger, who had only lived in the city two weeks, and had not been in the infected district. No. 11, (August 23d), was a merchant, who evidently contracted the disease in Philadelphia, for his counting room adjoined a court in that city, in which the Board of Health reported seven or eight cases of cholera, the day previous to his seizure with it.

The origin of the disease at Second and Line streets, is not known. It is very probable that it was contracted in Philadelphia, as most of the isolated cases occurring from time to time in our city, are supposed to have originated there; because, during all this period, cholera prevailed in many portions of the former city, with which our citizens were having frequent communication. It was observed that there was a considerable increase in the number of cases reported by the Philadelphia Board of Health, about the middle of September, just prior to its outbreak at Second and Line streets. Four isolated cases, occurring in the vicinity, and at the time of its prevalance at the last-named place, are supposed to have been contracted there, as they were known to have been visiting or nursing friends there sick with cholera.

Of the three last cases, Nos. 37, 38 and 39, one lived opposite to, and two in the same house adjoining, a pork slaughter-house, which had been closed all Summer, but had commenced operations a few days prior to the date of the occurrence of the first of the three cases. The neighbors stated that at times, a very offensive smell was emitted from it. This slaughter-house was cleaned and disinfected about the 20th of October, and was afterwards maintained in good condition.

During the latter part of the Summer and early Autumn of 1866, a number of cases of cholera occurred in Kaighnsville, which is really a suburb of Camden, although it lies beyond the city limit.

It is inhabited almost exclusively by colored persons, and the poorest class of foreigners. As this was beyond the jurisdiction of the city authorities, no statistical facts concerning the disease have been collected.

A consideration of the facts above mentioned, impels upon us the belief that cholera was *carried* into our city at several different times; how, and in what manner, or from where, in many instances there is, unfortunately, no evidence to accurately determine. Again, we find that at three places only, was the disease apparently communicated from individual to individual—always in the presence of filth—decomposing animal or vegetable matter; and that so soon as this filth was removed and its emanations destroyed, the disease ceased.

There is one interesting point presented in the history of cholera in Camden in 1866, deserving of a brief notice: the influence the state of the atmosphere exerted over the disease. It has been universally observed, that a high temperature favors the development and increase of cholera, while a temperature below the freezing point generally arrests it. Atmospheric humidity is supposed to favor the increase of the disease. M. Tardieu, in his elaborate treatise on cholera, says, "Among the atmospheric influences most favorable to the development and progress of cholera, there is none more active, according to most authors, than humidity of the air, especially if connected with an elevated temperature." To illustrate this subject, we have been furnished through the kindness of Mr. James S. Lippincott, the learned correspondent of the Smithsonian Institute, and Department of Agriculture, with a complete set of meteorological tables, embracing the months of June, July, August, September and October, 1866, and the mean temperature, and relative humidity of the corresponding months of the years 1864 and 1865. These observations were made near Haddonfield, at a point about four miles distant from Camden, and are believed to represent very nearly the atmospheric condition of this city, during those periods. We shall only point out a few phe-

nomena, submitting the tables with this paper, in the hope that if similar records can be obtained at other points where cholera prevailed, their comparison will exhibit more certain knowledge concerning the, at present, mysterious existing cause of cholera, and of the agencies that control its course.

Our first case of cholera occurred on a hot day, at the commencement of the first heated term of the season; the thermometer on June 25th, registering 94 deg. at 2 P. M., with a mean for the day of 84, in an atmosphere containing 7.44 grains of vapor in a cubic foot of air. June and July were both warm months, the mean temperature of the former was 71.7 deg., and of the latter 78.62 deg. The second case of cholera was, however, on a moderately hot day, the mean of the thermometer on July 25th, being 76 deg.; a dry day, succeeding the day on which was noted the second direct atmosphere of the season, the mean relative humidity of which was 414, the atmosphere containing 5.32 grains of vapor to the cubic foot of air.

It is remarkable, that during August we were comparatively free from cholera, having had only five cases in that month, while in September there were seventeen cases, and in October ten cases of the disease, although the sanitary condition of the city was better in the last two months, than in the former. That the state of the atmosphere exerted an influence upon the disease is certain—in what way can, to some extent, be conjectured from an examination of the meteorological tables.

MEAN TEMPERATURE AT HADDONFIELD, N. J.

YEAR.	JUNE.	JULY.	AUG.	SEPT.	OCT.
1864	69.22	82.85	75.39	63.36	51.27
1865	73.58	81.00	72.62	69.23	51.4
1866	71.7	78.62	69.87	67.7	54.6

MEAN RELATIVE HUMIDITY AT HADDONFIELD, N. J.

YEAR.	JUNE.	JULY.	AUG.	SEPT.	OCT.
1864	64.80	65.50	76.60	77.67	77.35
1865	79.2	80.6	85.03	88.82	84.6
1866	66.33	61.09	69.33	75.06	77.43

From these, it will be observed that the month of August in 1866, was unusually cool, with a relatively dry atmosphere; whereas, generally it is the month that combines the highest relative humidity with the greatest heat. September and October, on the contrary, were quite equal to their average in temperature and relative humidity, the latter running high in percentage during both of these months. The thermometer did not fall to the freezing point, in the Autumn of 1866, until October 26th, six days subsequent to the last case of cholera in Camden.

JNO. R. STEVENSON, Camden.

JUNE, 1866.—EXTRACTS FROM A REGISTER OF METEOROLOGICAL OBSERVATIONS MADE AT HADDONFIELD, N. J., BY SAMUEL WOOD.

	Thermometer in the open air.				Force of pressure of Vapor in inches.			Rel. Humidity or Fraction of Saturation.			Grains of vapor in a cubic foot of air.			Dew—Point obtained by Calculation.			Barometer—Height reduced to Freezing Point.			
	7 AM	2 PM	9 PM	Mean	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	Mean
	DEG.	DEG.	DEG.	DEG.										DEG	DEG	DEG				
1	56.1	73	62	63.75	.230	.345	.354	51.2	42.5	63.5	3.25	4.59	4.19	42.4	53.5	50.0	29.90	29.78	29.85	29.84
2	57	75	65	65.66	.360	.466	.483	75.2	53.4	78.3	4.25	5.42	5.25	50.0	58.5	57.0	29.84	29.84	29.70	29.76
3	61	65	62	62.67	.412	.483	.460	76.9	78.3	82.8	4.83	5.55	5.27	54.0	58.6	56.9	29.62	29.50	29.49	29.54
4	60	75	69	68	.426	.628	.599	88.2	72.4	84.6	4.95	6.95	6.63	54.9	66.0	64.2	29.50	29.54	29.56	29.53
5	67	81	74	74.2	.556	.703	.641	84.1	66.5	76.4	5.23	7.57	7.08	62.2	69.0	66.5	29.63	29.60	29.60	29.61
6	72	82	72	75.33	.631	.390	.390	80.4	63.2	49.7	7.00	7.43	6.33	66.0	68.5	63.0	29.60	29.88	29.56	29.34
7	66.2	79	67	70.80	.447	.431	.457	63.5	43.4	69.0	5.14	5.28	5.31	56.4	58.0	57.0	29.52	29.48	29.52	29.51
8	66.2	79	69.2	71.66	.424	.537	.516	66.3	54.2	69.0	5.14	6.14	5.97	56.4	62.5	61.0	29.54	29.52	29.63	29.59
9	61	73.2	61.3	65.40	.470	.410	.344	73.5	50.0	62.3	4.55	5.09	4.30	52.5	56.5	50.8	29.82	29.83	29.86	29.84
10	59.2	69	65.2	64	.345	.525	.492	67.8	64.2	78.4	4.28	5.04	5.55	50.5	55.8	58.6	29.89	29.84	29.80	29.84
11	66	77.2	70	71.10	.376	.450	.449	58.8	47.8	61.3	4.62	5.49	5.38	53.2	59.0	58.0	29.84	29.70	29.77	29.80
12	62	79.2	68	69.80	.325	.322	.411	58.6	32.0	60.1	3.95	4.54	4.93	48.4	53.5	55.0	29.83	29.78	29.73	29.78
13	66	79	73	72.67	.470	.631	.655	73.5	63.7	80.7	5.42	6.79	7.21	58.0	65.5	67.0	29.78	29.60	29.55	29.64
14	62	79	68	69.66	.460	.690	.577	82.8	69.7	84.3	5.27	7.48	6.43	56.9	68.5	63.2	29.59	29.52	29.66	29.59
15	66	79.2	65	70	.519	.605	.532	81.2	60.1	86.3	5.72	6.79	5.85	59.6	65.5	60.2	29.55	29.51	29.54	29.54
16	68	82	69	73	.476	.650	.495	69.5	59.5	70.0	5.47	7.08	5.65	58.4	67.0	59.4	29.55	29.57	29.60	29.57
17	69.2	68.2	72	70	.539	.502	.631	74.9	72.1	80.4	5.97	5.78	7.00	61.0	60.0	66.0	29.67	29.49	29.35	29.48
18	69	74	63	68.67	.495	.429	.431	70.0	51.1	74.9	5.65	5.24	4.86	59.4	57.5	54.5	29.36	29.37	29.49	29.41
19	59	68	60	62.33	.351	.380	.338	70.3	55.7	65.3	4.28	4.67	4.17	50.4	53.6	49.8	29.59	29.63	29.72	29.65
20	62	78	68.2	69.50	.340	.514	.405	61.3	53.7	58.1	4.19	5.96	4.93	50.1	61.5	55.2	29.76	29.81	29.83	29.80
21	67	81.2	69.2	72.67	.489	.503	.489	74.0	46.9	67.8	5.60	5.92	5.65	59.0	61.5	59.4	29.85	29.77	29.74	29.78
22	69.2	86	73.2	76.33	.523	.480	.575	72.5	38.7	69.6	5.97	5.66	6.53	61.0	60.0	64.0	29.69	29.61	29.62	29.64
23	73	85	75.2	77.80	.618	.656	.659	76.1	55.5	74.7	6.87	7.04	7.30	65.5	67.0	67.5	29.62	29.57	29.59	29.59
24	70.2	90	78	80.80	.672	.665	.606	78·8	47.2	63.2	7.44	7.08	6.58	68.0	67.5	64.5	29.70	29.70	29.76	29.72
25	76	94	82	84	.691	.697	.773	74.9	43.6	70.8	7.17	6.97	8.19	67.0	68.5	71.5	29.81	29.77	29.72	29.72
26	77.2	95	81	84.50	.751	.556	.703	79.7	33.8	66.5	8.15	5.67	7.57	71.0	63.5	69.0	29.72	29.68	29.61	29.67
27	78	93	78	83	.675	.624	.914	65.3	40.3	95.0	6.91	7.30	5.96	66.0	69.0	61.5	29.54	29.53	29.53	29.53
28	70	74	68	70.67	.695	.660	.543	94.8	78.7	79.3	7.62	7.44	6.10	68.5	68.0	61.6	29.54	29.56	29.62	29.54
29	61	76.2	66.2	58	.339	.330	.463	63.2	36.2	71.3	4.05	4.57	5.42	49.1	53.5	58.0	29.77	29.69	29.73	29.71
30	64	76	66	68.67	.369	.436	.502	56.8	48.6	78.6	4.73	5.51	5.72	53.8	58.0	59.6	29.76	29.75	29.82	29.78
Sums	1986.3	2365.	208225	2154	14394	15598	15887	2169.0	1623.4	2177.1							890.26	888.43	889.55	888.89
Me'ns	66°.2	78°.8	69°.4	71°.7	.4798	.5198	.5296	72.3	54.1	72.6							29.675	29.614	29.657	29.646

MEAN RELATIVE HUMIDITY FOR JUNE, 1866, 66.33.

Results of observations made by J. S. Lippincott, at Coles' Laundry, June, 1864.

Max. Rel. Humidity, 97.3, at 9 P.M. of 16th.

Min. Rel. Humidity, 23.8, at 2 P.M. of 28th.

Mean Rel. Humidity, 51.3 at 2 P.M. for entire month.

Mean Rel. Humidity, 64.8 for all hours of entire month.

Max. Tem. 96°, 2 P.M. of 26th. Min. Tem. 43° before dawn of 11th.

Mean Tem. 76.73 for 2 P.M. *Mean* Tem. 69.229 for entire month.

JUNE, 1865. J. S. L.

Max. Rel. Hum. 97.3, 9 P.M. of 9th. Min. Rel. Hum. 41.5, 2 P.M. of 23d. Mean Rel. Hum. 68.7, at 2 P.M., for entire month. *Mean* Rel. Hum. 79.2 for the entire month at all hours.

Max. Tem. 87.5° on 5th. Min. Tem. 55 before dawn on 12th. *Mean* Tem. 80.36 for 2 P.M.

Mean Tem. 73.58 for entire month.

Correctly Copied from the Registers, and Reduced by James S. Lippincott, Haddonfield, N. J.

JULY, 1866.—EXTRACTS FROM A REGISTER OF METEOROLOGICAL OBSERVATIONS MADE AT HADDONFIELD, N. J., BY S. WOOD.

	Thermometer in the open air.				Force of Pressure of Vapor in Inches.			Rel. Humidity or Fraction of Saturation.			Grains of vapor in a cubic foot of air.			Dew—Point obtained by Calculation.			Barometer—Height reduced to Freezing Point.			
	7 AM	2 PM	9 PM	Mean	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	Mean
	DEG.	DEG.	DEG.	DEG.										DEG	DEG	DEG				
1	64	77	65	68.67	.387	.405	.397	65.0	43.7	63.3	4.47	4.96	4.72	52.1	56.0	53.8	29.91	29.91	29.94	29.920
2	61.2	82	70.2	71.33	.436	.225	.410	79.8	20.6	53.0	5.11	3.87	5.1[illegible]	55.9	49.0	56.5	29.97	29.89	29.89	29.916
3	73	89	71.2	77.80	.403	.516	.530	53.2	37.8	68.8	5.76	7.57	6.25	59.6	69.5	62.5	29.72	29.72	29.72	29.773
4	76	82	72	76.66	.577	.479	.595	64.4	45.5	75.8	6.49	5.81	6.66	64.0	61.0	64.5	29.69	29.59	29.64	29.640
5*	73	93	78	81.33	.655	.624	.625	80.7	40.3	65.3	7.21	6.36	6.91	67.0	64.0	66.0	29.71	29.69	29.72	29.707
6	81	95	83	86.33	.467	.803	.802	62.7	49.5	71.1	7.21	8.34	8.45	67.5	70.0	72.5	29.70	29.70	29.68	29.693
7	77.2	97	84.2	86.33	.710	.746	.760	75.4	42.6	64.6	7.77	7.65	7.90	69.5	66.5	70.5	29.69	29.65	29.63	29.653
8	78	97	79.2	84.83	.744	.701	.683	77.6	40.0	67.9	8.00	7.27	7.48	70.5	67.0	68.5	29.64	29.59	29.62	29.618
9	76	82	72.2	76.83	.691	.575	.588	77.1	47.2	73.7	7.53	5.81	6.66	68.5	61.0	64.5	29.66	29.71	29.78	29.716
10	69	76	66.2	70.50	.430	.542	.369	60.7	60.3	56.8	5.09	6.16	4.63	56.2	52.5	53.2	29.87	29.90	29.88	29.883
11	62.2	82	70	71.50	.392	.460	.449	67.4	42.2	61.3	4.70	5.52	5.38	53.5	59.5	58.0	29.89	29.82	29.81	29.843
12	68.2	88	77	71.83	.519	.491	.671	74.5	37.1	71.5	5.78	5.74	7.46	60.0	61.0	68.0	29.82	29.74	29.70	29.753
13	75	94.2	83	84.16	.609	.609	.760	70.2	41.2	67.3	6.62	6.65	8.05	64.5	65.7	71.0	29.67	29.59	29.55	29.603
14	88	94	76	86.00	.509	.787	.614	43.0	49.3	68.5	6.33	8.10	6.82	64.0	70.0	65.5	29.60	29.60	29.68	29.627
15	74.2	91.2	83	83.00	.672	.755	.760	78.8	51.0	67.3	7.44	7.60	8.05	68.0	68.9	71.0	29.74	29.68	29.68	29.700
16	79	99	85.2	87.83	.751	.674	.769	75.8	36.2	62.9	7.86	6.71	8.15	70.0	65.5	71.5	29.66	29.71	29.74	29.703
17	82	10.2	87.2	90.50	.838	.820	.875	76.7	40.8	67.2	8.60	8.54	9.09	73.0	70.5	75.0	29.75	29.61	29.64	29.700
18	82.2	95.2	82	86.25	.745	.766	.711	66.6	45.8	65.6	7.81	7.77	7.43	70.0	69.0	68.5	29.70	29.52	29.50	29.573
19	77.2	82	75	78.20	.671	.497	.554	71.2	45.5	63.9	7.40	5.81	6.36	68.0	61.0	63.0	29.58	29.62	29.71	29.637
20	78	82	69	76.33	.478	.534	.529	49.9	48.9	74.7	5.66	6.10	5.97	50.0	52.5	61.0	29.80	29.80	29.67	29.757
21	66	70.2	69	68.50	.519	.707	.564	81.2	94.8	79.6	5.72	7.62	6.29	59.6	68.5	62.0	29.69	29.66	29.61	29.653
22	66.2	82	76	74.83	.529	.630	.652	81.4	57.7	72.7	6.04	6.75	7.17	61.2	65.5	67.0	29.57	29.52	29.62	29.570
23	74.2	87	74	78.50	.672	.442	.635	78.8	33.8	74.4	6.18	5.28	7.08	63.0	58.5	66.5	29.47	29.45	29.54	29.483
24	74.2	86.2	72.2	77.83	.456	.330	.456	53.4	26.1	63.2	5.52	4.40	6.03	59.0	53.0	61.5	29.67	29.64	29.70	29.670
25	70.2	88	69.2	76.00	.578	.569	.557	77.6	43.0	77.3	6.57	6.33	6.29	64.0	64.0	62.6	29.69	29.66	29.66	29.670
26	70.2	85.2	73	76.33	.544	.583	.581	72.9	47.7	71.6	6.25	6.37	6.53	62.5	64.0	64.0	29.73	29.73	29.74	29.733
27	70	87	75	77.33	.550	.467	.591	75.1	36.4	68.1	6.25	5.56	6.63	62.5	60.0	64.5	29.73	29.66	29.64	29.673
28	80	90.2	68	79.50	.677	.575	.543	66.1	40.2	79.3	7.35	6.42	6.10	68.0	64.5	61.6	29.52	29.43	29.51	29.487
29	69	85	75	76.33	.546	.420	.591	77.1	34.9	68.1	5.97	5.21	6.62	61.0	58.0	64.5	29.49	29.45	29.46	29.466
30	72.2	81	70	74.50	.588	.492	.550	73.7	46.5	75.0	6.66	5.62	6.25	64.5	60.0	62.5	29.48	29.47	29.53	29.493
31	68	83	72	74.50	.509	.411	.534	74.3	36.5	66.8	5.78	5.15	6.93	60.0	57.5	61.5	29.59	29.58	29.63	29.600
Sums.	2278.2	2707	2325	2435	18.296	17.693	18.684	2194.3	1362.5	2126.8							919.55	919.40	919.62	919.82
Me'ns	73.56	87.32	75.00	78.67	.590	.570	.602	70.78	43.90	68.60							29.66	29.65	29.665	29.665

MEAN RELATIVE HUMIDITY FOR JULY, 1866, 61.09

Max. Rel. Humidity, 94.8, 2 PM of July, 1866. Min. Rel. Humidity, 20.6, 2 PM of July 2, 1866.

Max. Tem. 102° 2 PM of July 17, 1866. Min. Tem. 61° 7 AM of 2d. Mean Tem. 87° .32 for 2 PM throughout the month. Mean Temp. 78 .62 for the entire month, all hours.

Mean Rel. Humidity for July, 1864, per J. S. L., for the month, 65.50. Max. R. H. 94.9, 9 PM of 1st. Min. R. H. 22.4, 2 PM of 17th. Mean Tem. 92° 2 PM 12th and 31st. Min. Tem. 46° before dawn 23d. Mean Tem. 74° 40m for month. Mean Tem. 82°.85 at 2 PM for entire month.

Mean R. H. for July, 1865, per obs. J. S. Lippincott, for month, 80.6. Max. R. H. 100, 12th 13th & 22d. Min. R. H. 50.9, 2 PM, 30th. Max Tem. 94°, 2 PM of 7th. Min. Tem. 53°, before dawn 15th & 18th. Mean Tem. 74°.66 for entire month, all hours. Mean Tem. 81° at 2 PM.

Correctly Copied from the Registers and Reduced by James S. Lippincott, Haddonfield, N. J.

AUGUST, 1866.—EXTRACTS FROM A REGISTER OF METEOROLOGICAL OBSERVATIONS MADE AT HADDONFIELD, N. J., BY S WOOD.

	Thermometer in the open air.				Force of Pressure of Vapor in Inches.			Rel. Humidity or Fraction of Saturation.			Grains of vapor in a cubic foot of air.			Dew—Point obtained by Calculation.			Barometer—Height reduced to Freezing Point.			
	7 AM	2 PM	9 PM	Mean	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	Mean
	DEG.	DEG.	DEG.	DEG.										DEG	DEG	DEG				
1	67.2	84	75	75.5	.499	.583	.591	74.1	50.1	68.1	5.60	6.50	6.62	59.0	64.5	64.5	29.64	29.58	29.52	29.58
2	75	88	77.2	80.1	.704	.650	.576	81.2	49.2	61.0	7.67	6.99	6.37	69.0	67.0	63.5	29.49	29.40	29.53	29.50
3	71	82	70	74.3	.436	.460	.516	57.6	42.2	70.4	5.28	5.52	5.95	57.5	59.5	61.6	29.70	29.69	29.72	29.70
4	71	81	73	75.0	.503	.585	.655	66.3	55.4	80.7	5.95	6.54	7.21	61.0	64.5	67.0	29.65	29.53	29.60	29.60
5	63	79	70.2	70.8	.416	.612	.347	72.3	61.8	46.5	4.86	6.79	4.62	54.5	65.5	53.5	29.65	29.65	29.71	29.71
6	64.2	83	75	74.1	.396	.597	.581	65.3	52.9	71.6	4.75	6.62	6.30	53.8	65.0	63.0	29.72	29.69	29.72	29.71
7	62	82	70	71.3	.460	.731	.622	82.8	66.9	84.8	5.27	7.81	6.91	56.9	70.0	65.5	29.73	29.67	29.77	29.72
8	70	82	71	74.3	.550	.731	.608	75.1	66.9	80.2	6.25	7.81	6.79	62.5	70.0	65.0	29.68	29.58	29.56	29.60
9	71.2	82	66	73.1	.713	.816	.438	92.4	74.7	68.5	7.86	8.66	5.14	69.5	73.0	56.4	29.29	29.29	29.54	29.37
10	72	76.2	67.2	72.0	.559	.498	.418	71.2	54.7	62.1	6.33	5.88	5.04	63.0	61.0	55.8	29.63	29.63	29.73	29.66
11	66	78	68	70.6	.470	.588	.411	73.5	61.3	60.1	5.42	6.58	4.93	58.0	64.5	55.2	29.82	29.82	29.84	29.82
12	66	73	69	69.3	.150	.409	.635	23.4	50.4	89.6	2.97	5.09	7.00	40.0	56.5	65.8	29.87	29.85	29.86	29.86
13	66	69	67	67.3	.604	.564	.591	94.5	79.6	89.3	6.72	6.29	6.55	64.4	62.6	63.8	29.71	29.61	29.62	29.64
14	68	74	70	70.6	.648	.757	.695	94.7	90.3	94.8	7.15	8.20	7.62	66.4	71.0	68.5	29.54	29.56	29.61	29.58
15	70	73	69	70.6	.695	.655	.564	94.8	80.7	79.6	7.62	7.21	6.29	68.5	67.0	62.6	29.61	29.66	29.71	29.66
16	60	73.2	63	65.5	.426	.338	.327	82.2	41.0	56.8	4.95	4.59	4.09	54.9	53.5	49.4	29.77	29.75	29.85	29.79
17	57	76	63	65.0	.282	.305	.447	62.7	34.0	77.6	3.66	4.34	5.15	45.8	52.0	56.2	29.89	29.80	29.80	29.83
18	64	84	70	72.6	.433	.545	.550	72.7	46.8	75.1	5.01	6.18	6.25	55.5	63.0	62.5	29.76	29.69	29.63	29.69
19	68	80	67	71.6	.612	.717	.519	89.5	70.1	89.3	6.77	7.71	6.55	64.8	69.5	63.8	29.56	29.46	29.43	29.48
20	64	73	64	67.0	.465	.412	.403	78.0	54.5	67.5	5.31	5.34	4.73	57.2	58.0	53.8	29.49	29.53	29.60	29.54
21	56.2	76	66	66.1	.399	.505	.536	87.3	56.3	83.8	4.61	5.88	6.04	52.6	61.0	61.5	29.65	29.65	29.63	29.64
22	65	81.2	67	71.1	.549	.578	.425	89.0	53.8	64.2	6.17	6.89	5.04	61.8	64.5	55.8	29.64	29.50	29.56	29.57
23	64	58.2	58	60.1	.465	.302	.437	78.0	61.6	90.6	5.31	3.96	4.92	57.2	47.8	54.0	29.51	29.44	29.50	29.48
24	55	68	56	59.6	.349	.350	.391	80.5	51.1	87.2	4.23	4.42	4.61	49.0	52.0	52.0	29.64	29.66	29.75	29.68
25	57	68	60	61.6	.378	.380	.338	81.2	55.7	65.3	4.50	4.67	4.17	51.9	53.6	49.8	29.78	29.76	29.76	29.76
26	61	71.2	61	64.5	.354	.445	.354	65.9	57.9	65.9	4.30	5.60	4.30	50.8	59.0	50.8	29.75	29.68	29.71	29.71
27	56	79	67	67.3	.377	.431	.536	84.1	43.4	84.1	4.37	5.82	6.23	50.9	58.0	62.2	29.76	29.74	29.73	29.74
28	68	72	65	68.3	.543	.524	.576	79.3	66.8	83.6	6.10	6.03	5.85	61.6	61.5	60.2	29.73	29.65	29.71	29.69
29	65	76	68	69.6	.549	.614	.612	89.0	68.5	89.5	6.17	6.83	6.77	61.8	65.5	64.8	29.65	29.61	29.61	29.62
30	64	77	70	70.3	.529	.492	.622	88.8	53.1	84.8	5.94	5.77	6.91	60.6	60.5	65.5	29.63	29.63	29.67	29.64
31	69	84	75	76.0	.671	.704	.704	94.7	60.5	81.2	7.37	7.53	7.67	67.4	69.0	69.0	29.64	29.68	29.71	29.66
Sums	2016	2384.2	2098.2	2166.1	15.184	16.908	15.986	2272.1	1822.2	2252.8							919.51	918.46	919.69	919.14
Me'ns	65.03	76.92	67.70	69.86	.489	.545	.516	73.29	58.78	75.92							29.66	29.627	29.667	29.649

MEAN RELATIVE HUMIDITY FOR AUG. 1866, 69.33.

Max. R. H. 94.8, 7 AM of 15th. Min. R. H. 23.4 7 AM of 12th. Max. Tem. 88° 2 PM of 2d. Min. Tem. 50° before dawn 25th. Mean Tem. 76° .92 for 2 PM for entire month. Mean Tem. 69° .87 for entire month of Aug., 1866, all hours.

Mean R. H. for Aug., 1864, J. S. L., 76.60.

Max. R. H. 97.4, on the 3d. Min. R. H. 41.7 on 31st. Max. Tem. 93.5 on 1st. Min. Tem. 52° on 31st. Mean Tem. 82° .17 for 2 PM.

Mean Tem. 75° .39 for entire month, all hours.

Mean R. H. for August, 1865, J. S. L., 85.03

Max. R. H. 100 at 5 observations. Min. R. H. 50.4 on the 25th. Max. Tem. 89° .5 on 5th. Min. Tem. 52° on 15th, 16th, 23d, 24th, and 26th. Mean Tem. 79° .29 at 2 PM.

Mean Tem. 72° .62 for the entire month, at all hours.

Correctly Copied from the Registers and Reduced by James S. Lippincott, Haddonfield, N. J.

SEPTEMBER, 1866.—EXTRACTS FROM A REGISTER OF METEOROLOGICAL OBSERVATIONS MADE AT HADDONFIELD, N. J., BY SAMUEL WOOD.

	Thermometer in the open air.				Force of Pressure of Vapor in Inches.			Rel. Humidity or Fraction of Saturation.			Grains of vapor in a cubic foot of air.			Dew—Point obtained by Calculation.			Barometer—Height reduced to freezing point.			
	7 AM	2 PM	9 PM	Mean	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	Mean
	DEG.	DEG.	DEG.	DEG.										DEG	DEG	DEG				
1	73	81.2	74	76.1	.731	.823	.679	90.2	76.6	81.0	7.95	8.77	7.44	70.0	73.5	68.0	29.70	29.64	29.65	29.66
2	73.2	88	74	78.5	.725	.756	.757	87.9	57.1	90.3	7.95	7.71	8.20	70.0	70.6	71.0	29.60	29.66	29.69	29.65
3	74.2	90	75	79.5	.711	.752	.744	83.4	53.4	85.8	7.81	7.80	8.05	69.5	70.5	70.5	29.69	29.64	29.68	29.67
4	71.2	83	74	76.1	.703	.597	.679	92.4	52.9	81.0	7.86	6.62	7.44	69.5	65.0	68.0	29.66	29.61	29.59	29.62
5	71.2	82	75	76.1	.675	.650	.784	87.5	59.5	80.4	7.48	7.08	8.45	68.0	67.0	72.0	29.59	29.66	29.62	29.62
6	68	77	67	70.6	.509	.457	.489	74.3	49.3	74.0	5.78	5.49	5.60	60.0	59.0	59.0	29.71	29.74	29.76	29.73
7	68.2	73	73	71.3	.553	.581	.731	79.4	71.6	90.2	6.10	6.53	7.95	61.6	64.0	70.0	29.72	29.59	29.48	29.59
8	70	75	66	70.3	.658	.554	.407	89.8	63.9	63.6	7.26	6.30	4.88	67.0	63.0	54.8	29.52	29.57	29.72	29.60
9	69	71	62	67.3	.276	.371	.399	39.1	49.0	71.8	3.87	4.78	4.70	48.2	54.5	53.6	29.80	29.78	29.85	29.81
10	56.2	76.2	64	65.6	.403	.498	.465	85.5	54.7	78.0	4.61	5.88	5.51	52.6	61.0	57.5	29.91	29.85	29.79	29.87
11	65.2	70	70.2	69.0	.526	.695	.675	83.7	94.8	87.5	5.85	7.62	7.48	60.2	68.5	68.0	29.73	29.66	29.56	29.65
12	71.2	75	69	71.8	.638	.628	.529	82.7	72.4	74.7	7.13	6.95	5.97	66.5	66.0	61.0	29.50	29.54	29.58	29.54
13	62.2	77	63.2	67.6	.453	.323	.440	80.2	34.7	75.1	5.27	4.49	5.15	56.9	53.0	56.2	29.65	29.68	29.74	29.69
14	61	80	68.2	69.8	.443	.598	.624	82.5	58.5	89.5	5.11	6.66	6.77	55.9	65.0	64.8	29.75	29.62	29.66	29.67
15	68.2	64	53	61.8	.197	.285	.269	28.4	47.9	66.7	3.35	3.75	3.34	44.0	47.0	43.0	29.85	29.88	30.00	29.91
16	47	68	58	57.6	.260	.427	.365	80.9	62.4	75.6	3.12	4.93	4.39	40.7	55.2	51.2	30.06	29.99	30.00	30.01
17	58	78	68	68.0	.422	.576	.543	87.6	61.0	79.3	4.92	6.26	6.10	54.6	63.0	61.0	29.87	29.73	29.73	29.77
18	67.2	83	74	74.8	.619	.718	.679	92.0	63.6	81.0	6.93	7.66	7.44	65.4	69.5	68.0	29.62	29.56	29.58	29.59
19	68.2	83.2	72	74.6	.642	.861	.706	92.1	75.1	90.0	7.15	8.88	7.71	66.4	74.0	69.0	29.59	29.52	29.60	29.57
20	67.2	75	70	70.8	.601	.704	.658	89.4	81.2	89.8	6.55	7.67	7.26	63.8	69.0	67.0	29.64	29.62	29.62	29.63
21	72	81	55.2	69.5	.668	.724	.398	85.2	68.5	90.2	7.35	7.57	4.74	67.5	69.0	53.2	29.56	29.47	29.60	29.54
22	49	65	53	55.6	.247	.300	.295	71.0	48.7	73.3	3.10	4.01	3.58	40.6	49.0	45.0	29.95	29.78	29.89	29.81
23	48.2	63	56	55.8	.278	.440	.335	81.5	75.1	74.7	3.47	5.15	4.11	43.8	56.2	49.2	29.97	29.96	29.97	29.97
24	53	65	55	57.6	.321	.230	.376	79.8	37.3	86.9	3.84	3.39	4.46	47.0	44.2	51.6	29.99	29.99	30.00	29.99
25	54	73	64	63.6	.389	.693	.497	93.3	85.4	83.3	4.54	7.57	5.61	52.0	68.5	58.9	29.99	29.89	29.79	29.89
26	69	80	59	69.3	.635	.738	.439	89.6	72.1	87.8	7.00	7.71	5.08	65.8	69.5	55.6	29.69	29.56	29.62	29.62
27	53	67	59	59.3	.244	.393	.380	62.9	59.5	76.1	3.02	4.77	4.53	40.0	54.2	52.2	29.80	29.84	29.90	29.85
28	53	70	57	60.0	.331	.449	.392	79.8	61.3	84.3	3.84	5.38	4.50	47.0	58.0	51.9	30.00	30.01	29.97	29.99
29	53.2	65	59	59.1	.341	.483	.439	83.2	78.3	87.8	4.11	5.55	5.08	49.0	58.6	55.6	29.93	29.88	29.73	29.85
30	61	68	64	64.3	.473	.559	.465	88.2	81.8	78.0	5.40	6.10	5.31	57.6	61.6	57.2	29.68	29.71	29.77	29.72
Sums	1898.2	2247.2	1953	2031.6	14.672	16.865	15.639	2425.5	1907.8	2427.7							892.52	891.63	892.14	892.06
Men's	63.2	74.9	65.1	67.7	.489	.562	.521	84.8	63.5	80.9							29.75	29.72	29.738	29.735

MEAN RELATIVE HUMIDITY FOR SEPT., 1866, 75.06

Max. R. H. 94.80 at 2 PM of 11th. Min. R H. 28.4 at 7 AM of 15th. Max. Tem. 90°, at 2 PM of 3d. Min. Tem. 44° before dawn of 16th. Mean Tem. 74°.9, at 2 PM for month. Mean Tem. 67°.7 for the entire month, all hours.

Max. R. H. for Sept., 1864, J.S.L., 100, on 11th & 26th. Min. R. H. 43.3 on 1st. Mean R. H. 77. 67, for month Max. Tem. 78°.5, 2 PM, 24th. Min. Tem. 42° before dawn of 26th, of Sept. 1864. Mean, 69°.30 for 2 PM for entire month. Mean Tem. 63°.36 for entire month, all hours.

Max. R. H. for Sept. 1865, 100 for 15 observations. Min. R. H. 48.6 on 16th. Mean R. H. 88.82 for month. Max. Tem. 87°.5 on the 6th. Min. Tem. 43°.5 on the 28th. Mean Tem. 75°. 81 for 2 PM. Mean Tem. 69°.23 for the entire month, at all hours.

Correctly Copied from the Registers and Reduced by James S. Lippincott, Haddonfield, N. J.

OCTOBER, 1866.—EXTRACTS FROM A REGISTER OF METEOROLOGICAL OBSERVATIONS MADE AT HADDONFIELD, N. J., BY SAMUEL WOOD.

	Thermometer in the open air.				Force of Pressure of Vapor in Inches.			Rel. Humidity or Fraction of Saturation.			Grains of vapor in a cubic foot of air.			Dew—Point obtained by Calculation.			Barometer—Height reduced to Freezing Point.			
	7 AM	2 PM	9 PM	Mean	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	7AM	2 PM	9 PM	7 AM	2 PM	9 PM	7 AM	2 PM	9 PM	Mean
	DEG.	DEG.	DEG.	DEG.										DEG	DEG	DEG				
1	61	70	61.2	64.1	.458	.586	.467	85.3	79.9	85.5	5.11	6.57	5.40	55.9	64.0	57.6	29.82	29.86	29.89	29.85
2	56	71	65	64.2	.391	.572	.549	87.2	75.4	89.0	4.61	6.45	6.17	52.6	63.5	61.8	29.84	29.73	29.66	29.75
3	63.2	68	49	59.8	.517	.577	.271	97.3	84.3	78.1	5.91	6.43	3.34	60.0	63.2	42.7	29.55	29.61	29.72	29.62
4	40.2	54.2	46	47.0	.185	.212	.215	73.5	49.7	69.1	2.45	2.80	2.80	33.4	38.0	37.6	29.83	29.89	30.03	29.91
5	35	52	41	42.6	.142	.136	.212	69.8	35.0	82.4	2.00	2.44	2.74	27.5	34.0	36.6	30.25	30.26	30.30	30.27
6	37	61	48.2	48.8	.178	.325	.295	80.7	60.6	85.2	2.35	4.05	3.47	32.0	49.1	43.8	30.33	30.31	30.12	30.25
7	48	69.2	60	59.1	.310	.473	.440	92.5	65.6	85.1	3.75	5.37	4.37	45.9	57.8	51.6	30.07	29.93	29.88	29.96
8	56	75.2	63	64.8	.405	.549	.447	90.3	62.1	77.6	4.61	6.30	5.15	52.6	63.0	56.2	29.83	29.76	29.75	29.78
9	59	62	57.2	59.5	.439	.460	.400	87.8	82.8	84.4	5.08	5.27	4.76	55.6	56.9	52.6	29.80	29.86	29.92	29.86
10	57	62	59	59.3	.407	.460	.439	87.4	82.8	87.8	4.76	5.27	5.08	53.6	56.9	55.6	29.88	29.86	29.86	29.86
11	57	60	56	57.6	.378	.440	.391	81.2	85.1	87.2	4.50	4.95	4.61	51.9	54.9	52.6	29.74	29.70	29.68	29.70
12	53	57	53	54.3	.361	.393	.361	89.8	84.3	89.8	4.11	4.50	4.11	49.0	51.9	49.0	29.57	29.49	29.47	29.50
13	49	57	53.2	46.5	.322	.268	.315	92.6	57.7	76.7	3.85	3.56	3.84	46.9	45.1	47.0	29.55	29.58	29.66	29.59
14	48	57	50	57.6	.282	.217	.296	72.7	46.5	82.1	3.00	3.17	3.48	39.6	41.7	44.0	29.78	29.78	29.86	29.80
15	51.2	65	52	56.1	.264	.300	.183	68.9	48.7	47.2	3.36	4.01	2.63	43.0	49.0	36.0	29.90	29.87	29.97	29.91
16	50	67	53	56.6	.283	.333	.302	78.6	53.2	76.3	3.48	4.28	3.58	44.0	51.0	45.0	30.00	29.90	29.84	29.91
17	53	73	64	63.3	.302	.314	.453	76.3	38.7	72.7	3.58	4.37	5.01	45.0	52.0	55.5	29.75	29.71	29.71	29.71
18	52	66	54	57.3	.308	.391	.308	79.4	61.2	73.8	3.72	4.62	3.70	46.0	53.2	46.0	29.75	29.86	29.93	29.84
19	44	66.2	55	53.1	.241	.463	.321	83.6	71.3	74.3	3.02	5.42	3.98	39.0	58.0	48.2	29.90	29.95	29.96	29.93
20	48	69	57	58.0	.284	.495	.378	85.0	70.0	81.2	3.47	5.65	4.50	43.8	59.4	51.9	30.01	29.95	29.96	29.97
21	52	73.2	61	62.1	.334	.469	.443	86.1	56.9	82.5	3.98	5.63	5.11	48.0	59.5	55.9	29.95	29.86	29.84	29.88
22	63	72.2	63	66.1	.478	.532	.478	83.1	69.2	83.1	5.44	6.33	5.44	57.9	63.6	57.9	29.72	29.62	29.62	29.65
23	54	57	51	54.0	.308	.350	.245	73.8	75.2	65.3	3.70	4.25	3.13	46.0	50.0	41.0	29.65	29.64	29.60	29.63
24	46	51	44	47.0	.192	.149	.218	61.7	39.9	75.6	2.80	2.36	2.80	37.6	33.0	37.4	29.65	29.65	29.72	29.67
25	42	51	40	44.3	.177	.196	.170	66.1	52.5	68.8	2.43	2.72	2.27	33.2	37.0	31.2	29.89	29.94	30.01	29.94
26	34	50	48	44.0	.155	.234	.260	79.2	64.6	77.7	2.11	3.03	3.23	28.2	40.0	41.7	30.01	29.97	29.86	29.94
27	43	50	44	46.6	.231	.244	.264	83.3	60.6	91.8	2.93	3.01	3.27	38.6	40.0	41.8	29.85	29.92	30.01	29.92
28	41.2	56	46.2	48.0	.216	.255	.255	82.6	56.9	80.7	2.74	3.45	3.25	36.6	44.1	41.8	30.09	30.04	30.03	30.05
29	53	57	64	58.0	.348	.378	.529	86.4	81.2	88.8	4.11	4.50	5.94	49.0	51.9	60.6	29.94	29.75	29.59	29.76
30	63	56	47	55.3	.526	.391	.323	91.4	87.2	100.0	5.76	4.61	3.88	59.0	52.6	47.0	29.39	29.60	29.34	29.44
31	41	56	40	44.6	.225	.391	.225	91.2	87.2	91.0	2.96	4.74	2.86	38.8	53.3	37.8	29.69	29.82	29.92	29.01
Sums	1550	1915.2	1646.2	1695.4	.9657	11.572	10.403	2544.8	2113.4	2490.9							924.97	924.44	925.71	924.66
Me'ns	50.	61.7	53.1	54.6	.3115	.3732	.3356	82.1	68.2	80.6							29.837	29.756	29.851	29.827

MEAN RELATIVE HUMIDITY FOR OCT., 1866. 77.43.

Max. R. H. 100 9 PM of 30th. Min. R. H. 35 2 PM of the 5th. Max. Tem. 75° .5 2 PM of 8th. Min. Tem. 32° before dawn of 26th. Mean Tem. 61° .7 for 2 PM. Mean Tem 54° .6 for entire month at all hours.

Max. R. H. for Oct., 1864, J. S. L., 100 at 9 PM of 12th. Min. R. H. 41.1, 2 PM of 8th. Mean R. H. 77.35 for month. Max. Temp. 75° 2 PM of 6th. Min. Tem. 35° 7 AM of 10th. Mean do. 58.80, 2 PM. Mean do. 51.27 for entire month, at all hours.

Max. R. H. for Oct., 1865, 100, at 16 observations. Min. R. H. 52 at 2 PM of 29th. Mean do. 84.6 for month. Max. Temp. 78° 2 PM of 10th. Min. Tem 28° .5 before dawn of 30th. Mean Tem. 58.9 2 PM. Mean Tem 51.4 for the entire month, at all hours.

Correctly Copied from the Registers and Reduced by James S. Lippincott, Haddonfield, N. J.

CUMBERLAND COUNTY.

Chairman of the Standing Committee, &c.:

The Medical Society of this district is at present in an unusually flourishing condition. The list of members is steadily increasing, embracing nearly all the practitioners of the county; and their regular semi-annual meetings of April and October are not only fully attended, but always seasons of very agreeable social intercourse, as well as interesting medical discussion. There is with us a harmony of feeling and action pervading the profession, freed from those petty jealousies and bickerings which so often disturb the fellowship of physicians in other places, and an elevated standard of professional ethics is honorably maintained by the whole corps.

Within the past year we have been called to mourn the decease of two of our most revered and honored members—Dr. William B. Ewing, of Greenwich, and Dr. Nathaniel R. Newkirk, of Bridgeton.

The average health of the county for the year past has been remarkably good, unmarked by any epidemic or fatal malady, except a brief visitation of cholera during a portion of last October—a short account of which may not prove uninteresting, and possibly be of service to others visited with the same dread pestilence, to compare our epidemic with their own. There were a number of isolated cases in various parts of the county, but the principal seat of its ravages was in the county-town—Bridgeton—and here it confined itself principally to one locality, that not in its site or surroundings unhealthy, or exposed to any particular infection, but still every case of cholera was traceable more or less directly to this source. Yet what this hidden morbific cause was, what common origin would satisfactorily explain the diverse phenomena of its career, never could be discovered, and probably ever will remain a mystery. The malady involved only two or three families —the first case being the head of one of them, Mr. H——, a lum-

ber merchant, who had for a few days complained of diarrhœa, weakness, etc.; but on Thursday, September 26th, was seized with the well-known choleraic cramps, vomiting, and rice water discharges, and died the following Saturday. His two children, aged respectively ten and twelve years, were then affected, but after an alarming illness, eventually recovered. On Sunday night, September 30th, after attending church, morning and evening, a young man in the adjoining family, and living in the house next but one, was taken in the night with colliquative diarrhœa, prostration, icy coldness, and without any reaction, died about noon of Monday—nine hours from his seizure. He was of delicate constitution, and scarcely capable of withstanding any severe illness at best. On Monday morning another young man, vigorous and healthy, a son of the occupant of the house, complained of the same prodromic symptoms, and in less than forty-eight hours was a corpse. In his case life ebbing away gradually but surely, as though a vein had been opened and the blood was slowly oozing away, until its great central propulsive organ ceased, simply for want of more blood to propel. No coldness, no cramps, except slightly toward the last, but vomiting and purging throughout, though at considerable intervals. On the day of his death, his sister was taken in like manner, and also an aunt residing in the house, who had been nursing at the neighbor's first attacked. The next day another, a clerk in the store; the day following another son; then in the course of a very few days, the father, mother, and two remaining daughters, successively, until the whole family were laid low by this wasting pestilence. All these in time regained their health, after careful nursing and faithful attendance, the convalescence in some being rapid, in the rest protracted. On Wednesday, October 3d, a lady, who had also been nursing in the family of Mr. H——, complained of diarrhœa, etc.; which, notwithstanding remedies used, continued to increase in frequency and severity, attended in the latter stages with other choleraic concomitants, until she too sank at the end of the fourth day, gradually failing, with but

little pain, no cramps, mind perfectly clear and happy in the prospect of a speedy entrance to her Heavenly home.

On Thursday, another attendant in the same family—a woman who had washed some of the infected clothing—was taken suddenly ill, and died in less than twenty-four hours. Thus making fifteen cases in all, each associated with, or members of these two stricken families, six of whom died, nine recovered. Other cases occurred in some of the surrounding villages, though with less severity; they being for the most part sporadic, while some were imported from Philadelphia. About forty cases occurred altogether within this county, nearly half proving fatal.

The particular treatment of these cases by their several medical advisers, it would of course be impossible to detail here; suffice it to say, that the plan which seemed to meet with most success, restoring patients extremely ill, was the administration of calomel and opium in large and frequently repeated doses, until the evacuations gave evidence of the presence of bile in them—two or three scruples of calomel and ten or twelve grains of opium being given in divided doses, the opium producing no soporific tendency whatever, alternating this with quinine, beef-essence, brandy, wine, etc.; while externally, sinapisms, friction, and hot applications of bran or ashes, were used in all cases presenting coldness, cramps, or severe pain. In several instances an emetic of warm salt water relieved the stomach of a dark greenous fluid, oftentimes a yellowish green from the admixture of biliary matter, after which the patients expressed themselves decidedly more comfortable, and sank into an easy slumber with great relief.

Outside of this limited district, these "corner cases," as they were termed from the location (being at the intersection of two of the main streets), cholera did not prevail as an epidemic. And why its destructive power should be so rapidly and so fatally felt just there, with no apparently adequate cause to induce it, either in the water, surrounding influences or atmosphere, is one of those

mysteries which belongs to the undeveloped secrets of epidemics in general. A specimen of the water from the well used by the families for drinking and domestic purposes, was transmitted to Philadelphia for chemical analysis; but the result gave no clue to any toxical ingredient, nor did the water differ in any marked respect from other water in daily use in every household. Neither were the outhouses and buildings in an offensive condition, though after the disease appeared, these were all plentifully sprinkled with lime and other disinfectants, as a simple hygienic precaution. The people themselves were refined, and of cleanly habit; so that any palpable common source still remains involved in complete obscurity.

Was it then contagious? Numerous friends waited on the sick, others also washed the clothing, etc.; yet all the attendants were unharmed, save those two mentioned. It is true that the cholera evacuations from the first family seized, (Mr. H.'s) were merely emptied on the ground, not buried and disinfected, like those of the family near by, occurring afterward; and though the contagious nature of this effluvium seems well established *de facto*—yet will this sufficiently account for the spread of the disease in its peculiar manner? None of those handling the stools in either family were attacked, nor those living in the house on the opposite side of the yard; neither were the inmates of the corner house particularly exposed to their influence. Some are still disposed to ascribe it to the water, but the greatest water drinker of the family suffering most, was the slightest affected; others, to the cow's milk; but some of those most violently seized, drank no milk at all. Was it not rather some common atmospheric influence, undefined, unknown with certainty as yet to human ken, and cognizant only to Him by whose will is allowed "the pestilence that walketh in darkness?"

Apart from this epidemic, there have been but few other prevalent diseases to record. The winter and spring of 1867 have been almost wholly exempt from scarlatina, diphtheria, and variola. Indeed, in general, there has been much less of the maladies peculiar

to the winter months, than usual. January and February, although showing a low, thermometric temperature, and more snow on the ground than ordinary, were nevertheless dry, and free from raw, chilling winds, and it was not until the northeast rain storms of March that bronchial and pulmonary complaints prevailed to any great extent.

A few instances of vernal intermittent fever have come under our observation, but easily amenable to antiperiodic treatment.

In the case of Tænia, mentioned in the last report by Dr. William Elmer, there has been a return of the symptoms, and after the continued use of Ol. Terebinth. gtt. x Qt. d., for a fortnight, three and one-half yards more were passed. Infusion of pumpkin-seed, santonin and other anthelmintics, having been tried without avail.

But little of surgical practice has transpired worthy of note. Two amputations of the arm, one of the shoulder joint, the other below the elbow, each the result of accident; both made good recoveries, and the latter having been fitted with an artificial limb of the Kolbe pattern, is now used with ease and freedom, the ingenious appliance serving as a valuable substitute for the natural arm lost.

WILLIAM ELMER, JR., *Reporter.*

ESSEX COUNTY.

Chairman of Standing Committee, &c.:

DEAR SIR:—The year with the profession in our county, has been marked by no especial epidemics. In common with our neighbor cities, we dreaded the invasion of the cholera. We were visited, but the cases were few—twenty cases in all were reported in Newark, and one in Orange, apparently imported there from Newark. Besides these your reporter is informed of none others.

The first case occurred in Green street, in Newark, on the 19th of June, and proved rapidly fatal. A few days afterward a second case, in the same locality, likewise fatal; but the cases had no communication, nor could any opportunity of contagion be traced, nor cause for the outbreak of the disease. The street is considered as healthy as any in the city, and no imprudence on the part of the patients was discovered.

The next cases reported occurred on the 18th of August, in Camden street, narrow and crowded, but on high ground, and considered dry and healthy. Four or five deaths occurred in one house in very rapid succession, but the house was emptied and cleaned, and the clothing left by the unfortunate patients destroyed, and the disease spread no further.

A little later, cases occurred in South Canal street, one in Market street, one in Newark street, and one in Walnut street—streets in different parts of the city, and both high and low, and far enough apart to preclude all idea of contagion. The patient who died in Orange had attended the funeral of a person in Newark who had died of cholera. The most active measures of sanitary research were observed throughout the city, and immediately upon the report of a case, the dwellings were as speedily as possible vacated, and the Phœnix Disinfecting Powder freely used. A kind Providence spared us a prevailing epidemic.

Small-pox has prevailed too much, and a carelessness in using the preventive means can only be deplored until our laws compel its observance.

Scarlet fever has not been prevalent. Attention has been directed to the use of the solution of bi sulphite of soda in scarlet fever, and in other diseases of blood poisoning.

Dr. William S. Ward, of Newark, has employed the remedy in a severe case of scarlatina in his own family, as well as in several other cases, and speaks in the highest terms of its efficacy. He thinks he has found a remedy at once reliable and effective, and administers it throughout the whole continuance of the disease.

Rheumatism has prevailed, but no more than usual in our changeable climate, nor have the cases been reported as more severe than usual. The hypodermic injection of the salts of morphia, has been frequently applied and earnestly recommended, both as a palliation and a cure. In one case the single application seemed to produce a complete relief, and the patient convalesced without further assistance.

I append to this report a case of Epilepsy, treated by the Bromides, under the care of Dr. Pierson, of Orange.

ARTHUR WARD, *Reporter.*

CASE OF EPILEPSY, TREATED BY BROMIDE OF POTASSIUM.

The patient was an unmarried man of high intellectual attainments and of robust constitution. The first convulsion came on suddenly, at the age of twenty-five, without any previous breaking down of health. He had been actively engaged in performing the duties of pastor, preparing and preaching from two to three sermons weekly. From early puberty he had been troubled with excessive nocturnal emissions. The first convulsion occurred in February, 1860. No especial remedial agents, save that of perfect relaxation from all mental exertion, were resorted to for a period of about one year. During that period the convulsions would recur on an average once in twelve days. The prostration after a convulsion would often last two days. In March, 1861, upon the advice of Dr. Alonzo Clark, he commenced taking Tinct. Cantharides, and continued its use for several months with no apparent result. During the same year he also wore a seton in the back of the neck. The emissions continued, and the patient observed that the weeks they were the most frequent, the convulsions were most likely to occur. Looking upon the emissions as a probable cause of the convulsions, various remedies were resorted to for the relief of that difficulty, among which was the daily introduction of a No. 12 bougie. No relief, however, was experienced.

On the 10th of August, 1865, we determined to try the Bromides, giving them after Brown Sequard's formula:

℞ Potass. Bromid ʒ vi.
Ammon. Bromid ʒ ij.
Potass. Bi Carb. gr. xv.
Tinct. Colomb. ʒ ss.
Aq. Font. ʒ iij. M.

Two teaspoonsful three times a day after meals. Up to this time the emissions and convulsions had continued to occur as frequently. He had had in all one hundred and seventy-three convulsions. The longest interval between any two had been but twenty days, and that occurred but once. The last convulsion, previous to the taking of the Bromides, was on the 3d day of August. The next one was on the 26th of September, after an interval of fifty-four days. In November he had three, and in December he had three. About the 1st of January we doubled the dose of the medicine. The record of the fits for 1866, were as follows: January 3, 5, 12; February 5, 10; March 16; May 10, 24; October 19. The convulsions during that year were much lighter than they had formerly been, and the prostration amounted to nothing. The patient would usually get up immediately after an attack, and go about his business as though nothing had occurred.

Since the 19th of October, 1866, he has had but one, and then consciousness was lost but for a few moments. He has continued to take the increased dose daily, with a few exceptions, up to the present time (May 1, 1867). He would take about twelve drachms of the Bromide of Potassium every fifteen days. At present he appears in vigorous health and in good spirits, and for the past six months has been engaged as an Assistant Actuary in a Life Insurance Office. He is entirely relieved of the nocturnal emissions.*

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* Since this paper was placed in the hands of the Standing Committee there has been a return of the convulsions—three having occurred within the past two months. He had continued the use of the Bromides uninterruptedly. Since the last fit the dose has been increased one teaspoonful. The case is of interest as exhibiting the tolerance of the medicine.

W. P., Jr.

July 17, 1867.

I have administered the Bromides in other cases of epilepsy, but in no case with so marked a result. I believe it is especially applicable in those cases resulting from excessive nocturnal emissions. I have given the Bromide of Potassium in several cases of puerperal convulsions, and always with very marked effect in controlling the convulsions. I have usually given it in half drachm doses every two hours. Recently, in a violent case of mania a potu, I administered it in half drachm doses every hour, and after the fourth dose the patient fell into a quiet sleep, and remained in it for twenty hours, when he awakened all right.

GLOUCESTER COUNTY.

Chairman of Standing Committee, &c.:

DEAR SIR:—I have the honor to submit the following cursory report of free and easy talks of members of the Gloucester County District Medical Society, at the last semi-annual and the last annual meeting, on epidemics and cases.

Dr. J. R. Sickler reported having had two cases of true Asiatic cholera, commencing with diarrhœa for a few days, and succeeded by cramps, which continued from nine to twelve hours, followed by collapse, and death following in from five to six hours.

Dr. Howell reported three cases, all very similar, commencing with diarrhœa, followed in a few hours with cramps, copious rice water discharges, which he considered characteristic of the disease. In these cases he relied upon Tr. Opii., Tr. Camph. *aa* ʒ ss., Cal. gr. x. Pulv. Opii gr. iss. M., all given at once, and in every case relief was obtained. After treatment, Cal. et Opii. Regulated diet, perfect rest in recumbent position. Ice, no water.

Dr. Fithian lauded highly in diarrhœa, dysentery and cholera morbus, the use of *hot water*, given in tablespoonful doses, frequently repeated.

The sum of the treatment agreed upon by all, was perfect rest in a recumbent position. Cal. and old dry Opium, hot applications, hot drinks in tablespoonful quantities, injections of Starch and Tr. Opii; hips and feet raised higher than superior portions of the body. ℞ Pulv. Opii (old dried) gr. ij., Cal. gr. x, Tr. Opii, Tr. Camph. *aa* gtt. xxx. M., given at once; afterward follow by Op. and Cal., if the first prescription was retained and had the desired effect.

Dr. Halsey reported favorably of Tr. Opii. gtt. x. Chloroform gtt. iij., Spts. Camph. gtt. xv. M., and repeated every half hour in obstinate cases of cholera morbus, and suggested it in cases of cholera, as it has a specific influence on the spasms and sick stomach. He and Dr. C. Garrison reported a large number of such cases, all of which were relieved speedily by the use of the above prescription.

All reported having had to contend with scarlatina in a mild form, but had much trouble with the sequelæ, caused by want of proper care in diet, and avoidance of contracting colds.

Dr. Fithian reported a case of what might be called "spontaneous chancre," accompanied by bubo, which had been treated by some empyric of Camden as such, and, truly, very much resembled it in every respect, but finally proved itself to be Fungus Hæmatodes, which ultimately killed the patient, a very respectable Christian man, aged about fifty years.

At the annual meeting, last week, Dr. Reeve reported a number of cases of bilious pleurisy, of an intermittent type, which yielded readily to free purgation by Calomel and Cathartics, followed by Quinia and Tonics in the convalescent stage.

Dr. Halsey reported two cases of bilious colic, very grave and obstinate; great difficulty in effecting an evacuation of the bowels, and when he did succeed, it was accompanied by large discharges of scybalæ, in one case to the amount of fully a pint. Passages were not effected in either case till about ten or twelve drops of Ol. Tiglii had been administered in the form of pills. Each case

was threatened with inflammation of the bowels afterward, which was combated by the usual antiphlogistic means, and both cases recovered.

Also a case of premature labor, in which the fœtus was delivered feet foremost. When he first saw the case the feet were hanging out of the vulva. By introducing the finger well up, the head was found to be retained in the womb, and that in a state of hour-glass contraction. He waited, and sent home for his instruments. When he returned to the room, after an absence of a few minutes, the body was detached from the head, leaving the latter in the womb. The woman (young and unmarried) had made traction on the body in his absence and caused the separation. He introduced his hand and tried to overcome the rigid contraction, and thus hoped to get the head away, but found it impossible. Sent for Dr. Charles Garrison, who tried the same, under the influence of chloroform, and also tried to secure it by instruments, but all efforts proved of no avail. We let her rest about five or six hours, when nature, overcoming the constriction and the womb contracting, forced the head into the vagina, from which it was readily removed. She had contracted a severe cold; the day before had had a hard chill. Pneumonia set in, of a grave type, which, in three or four days, carried her to her grave.

Dr. Sickler reported a similar case, which he had, in connection with Dr. C. F. Clark. They finally succeeded in removing the head by means of the forceps. He also reported two cases of cerebro spinal meningitis, both of which resulted fatally.

Dr. Fithian reported a case of paralysis, coming on gradually, and finally total paralysis of all the motor nerves and muscles below the seat of injury in the cervical region of the spine. He was supplanted in the treatment of the case by a homœopathist, who said he could cure the case, but the boy died in a short time.

Dr. Halsey reported a case of an elderly colored man, who, in attempting to load a log upon a log wagon, was jammed between it and the wheel. He complained considerably of

the bruise, but sent for no physician till some four or five weeks had elapsed, when Dr. H. was called in, and found him suffering from partial paralysis of one foot and leg, which gradually increased, and finally his lower extremities, and still later, his lower bowels and bladder became totally paralysed also. The bruise was in the lower lumbar region, which finally became very sore; a large mass sloughed out, about five by seven inches, and cleared everything down to the spinal column. He gradually sank from exhaustion. What seemed most singular, the patient never complained of the least pain or suffering in the region of the injury.

Respectfully submitted.

LUTHER G. HALSEY, *Reporter.*

SWEDESBORO', N. J., May 27, 1867.

HUDSON COUNTY.

Chairman of the Standing Committee, &c.:

It is again my pleasing duty to extend congratulations on the approach of another annual convocation.

At our last we bid adieu to the past century; at the present we hail with bright anticipations the opening of the new, trusting that the same kind Providence which has watched over us through the past, may be recognized by each of us, and relied on as a guard and guide for the future.

Since our last assembling death has invaded our ranks, and removed from us one of the founders of our Society.

Charles Cook, who died January 17, 1867, was cut down in the prime of life; he literally died with his harness on, nobly battling disease and administering the kindly offices of his profession.

The period embraced in this report, in consequence of the change in the time of meeting, is sixteen months, during which time we have been subjected to extreme vicissitudes of weather,

and although the heat of the past summer was much above the average, and the winter following characterized by great and rapid changes, the amount of sickness did not exceed that of previous years.

Dr. Payne, of Bergen Point, writes: "The malarious influence still lingers with us, though not with so much force as formerly—the cases yielding readily to small doses of some antiperiodic."

Dr. P. also reports: "In the fall some cases of enteric fever came under treatment—none fatal."

In Jersey City, during the spring of 1866, and also in the autumn of that year, remittent fever prevailed to a considerable extent; many of the cases were of a very mild form, requiring little or no treatment. Interspersed with these, typhoid, of a very severe type, was met with, which, however, rarely proved fatal.

Dr. Buck, of Lafayette, writes: "The prevailing diseases during the past year have been generally of a zymotic character." Dr. B. notes "an unusual number of cases of erysipelas," also, "several fatal cases of scarlatina, and, during the winter months, diseases of the throat assumed almost the form of an epidemic. Several of the latter exhibited, in a slight degree, the peculiar symptoms of diphtheria."

Dr. B. also speaks of the use of the sulphite of soda in the cases of erysipelas, in which "the improvement in all the symptoms was prompt and decisive from the commencement of the treatment."

Dr. J. E. Culver, of Hudson City, writes: "During the past year malarial diseases have outnumbered those of any other class prevalent in Hudson county. Intermittent and remittent fevers are here of every-day occurrence. Petechial typhus, with pulmonary and cerebral complications, is comparatively rare. Typhoid fever, with gastro enteric complications, and the characteristic lesions, is very rarely met with. Both intermittents and remittents vary in severity according to a variety of circumstances, but only a very few cases partake of the congestive type."

Dr. C. reports "less than the customary average of scarlet fever

and hooping cough," and speaks highly of the effects of Bromide of Ammonium in the latter disease.

In the treatment of scarlet fever, Dr. C. remarks: "I have principally relied on Sulphite of Soda and Lactic Acid as antiseptics, Quinine and Iron as tonics, Port Wine and Brandy as stimulants, and Beef-tea, Wine-whey, and Milk-punch, whenever the adynamic state of the patient required such nourishment.

In Jersey City scarlatina, simplex and anginosa, prevailed to a considerable extent during the past winter, which, however, rarely proved fatal. Some cases of the malignant type occurred, defying all treatment, and running their course in from twelve to forty-eight hours.

Dysentery was quite prevalent during the months of January and February, 1867, in which severe tenesmus was the more prominent symptom. No fatal cases in this vicinity occurred. The mineral acids, with opium, were the remedies relied on. The fact of this disease occurring at the period it did, is one worthy of notice.

Dr. Payne reports the occurrence of two cases of Asiatic cholera at Bergen Point during the past summer, "one of which died in six hours, the other recovered under the stimulating treatment—Squibbs' Mixture and Brandy."

In Jersey City there were but three cases reported to me as Physician to the Board of Health, all of which were seen by Dr. B. A. Watson. Two of these were imported, the other having its origin in this city.

Dr. W.'s report of the latter case is as follows: "J. E., aged fifty, a man of very intemperate habits, who had not yet recovered from his last debauch, was seized with cramps in the lower extremities and diarrhœa on the morning of August 28, 1866. I saw him at 4 o'clock P. M. Learned that the discharges from the bowels had been profuse during the day; cramps increased in force, and now existed in the muscles of abdomen and thorax. The patient was in a state of collapse. The pulse was frequent, very small

and feeble; surface cold and covered with cold perspiration; skin of a bluish hue, much corrugated in the hands, and when pinched up it remained in that condition, having lost all elasticity. There was a cadaverous expression of the face, lips purple, tongue of a lead color and cold to the touch; the voice husky and faint. Dr. T. R. Varick saw the above case with me, but notwithstanding the efforts made to save our patient, he died the same day, about 6 o'clock P. M."

It is a fact worthy of note, that in all previous epidemics of the kind, Jersey City has suffered less, in proportion to its population, than any other place in the vicinity.

Hudson City, situated on Bergen ridge, elevated some one hundred and fifty feet above tide-water, was much more severely attacked, and the history of its invasion is most graphically described in the following communication of Dr. Culver:

"As early as June, in the summer of 1866, cholera broke out at the works of the Lodi Poudrette Manufacturing Company, located in the Newark meadows, on the west side of the Hackensack river. About sixteen deaths had occurred, when a stampede of the employees took place, and put an end to its further ravages. The weather was warm and the atmosphere steaming, particularly at night. The workmen were compelled to breathe, and eat, and drink the putrefying night soil, which impregnated the whole atmosphere in which they lived and everything it enveloped, even their own bodies. The sickness seemed to have an adequate cause.

"July 18, 1866.—Wind west; temperature 85 deg. Fahrenheit in the daytime; hot and steamy night air; butchered meats spoiled with inconvenient rapidity. Five or six deaths from cholera came to my knowledge about this time; amongst these the following is deemed worthy of relation: A highly respectable and wealthy family, of fastidiously cleanly habits, suffered from cholera, superinduced by the intolerable stench and effluvia evolved from the putrefying carcass of a horse, which had fallen dead only a few rods to windward of their residence, and which, through official neglect,

was left unburied for more than a week. At length a poor German, tempted by the compensation offered him, bargained to remove and bury the putrid mass. He performed the repugnant task according to agreement, and died that very night of cholera asphyxia.

"August 29, 30, 31.—The atmosphere is thermometrically and hygrometrically similar to that of July 18th, ult. Four cases of cholera occurred, and four deaths. These patients drank from shallow wells the impure surface waters, to them noticeably unpalatable; they breathed air redolent of filth and corruption. Neighboring privies had overflowed their vaults, and the street gutters were disgustingly foul. During the last days of September, and early in October, the cases known as the Jay street cholera occurred—some twelve of which proved fatal. The cholera spread at this time only within a circumscribed area, having a clay subsoil overlaid with a surface soil of muck, humus and clay mixed, and always wet and mirey except during a protracted drouth. Jay street is the filthiest alley in Hudson City—a bad smelling place at all times, but now its stench was sickening and unbearable. A dead dog, pig, cat or fowl, tainted the air to a remarkable degree and extent, and yet the carrion was unheeded by the wretched denizens. Shallow wells furnished them with water for household use, drained from privy vaults, pig-pens, and a surface-soil alike abominable. A sluggish east wind prevailed nearly all the time, bearing hither from the greater cities lying to the eastward, a fœcal odor distinctly cognizable all along the eastern brow of the hill. The thermometer ranged from 65 deg. to 78 deg. Fahrenheit. The hygrometer showed a damp atmosphere throughout the day, which reached the dew-point before or soon after sunset. The night air was foggy and suffocating.

"The Jay street cholera ceased after the use of disinfectants, and did not return. The burdened east wind still prevailed, however, or alternated with oppressive calms during nearly all the month of October. The day temperature averaged 63 deg. Fah-

renheit. On the 11th of this month cholera appeared in Beacon avenue, in a house 25 by 30 feet, three stories high, with narrow stairs ascending through the centre. This small building was subdivided into no less than six tenements for poor families—two on each floor, which was at this time crowded with tenants. One apartment in the second story was occupied by the owner himself and his family, and the floor had been carpeted for twelve or fourteen years with one carpet, unremoved and unshaken. The walls and ceilings throughout the building had not been once whitewashed or cleansed since it was erected. The street gutters in front of this abode were rank and offensive. The privy-vault had overflowed, and a new vault had just been dug alongside and made to receive a part of the contents of the old. The well, which supplied so many families with water for culinary and other purposes, drained both the gutter and privy, and contained sulphureted hydrogen in appreciable quantity. Fourteen deaths occurred. The city authorities caused the house to be vacated and purified. About the 28th of October cholera finally disappeared from this vicinity. There seemed necessary to produce this disease both a local and atmospheric cause, for at every outbreak it was circumscribed to the locality of accumulated filth where it originated, and it occurred even there only when the atmospheric conditions were favorable—the air warm, moist even to steaminess, foggy at night, in slow motion or dead calm, and reeking with the odor of putrefaction. The theory of importation seems far-fetched and improbable.

"Simultaneously with the cholera there appeared other diseases claiming a putrefactive origin, namely, puerperal fever, diarrhœa, dysentery, cholera infantum, &c. Hemorrhages, and intermittent and remittent fevers, were met with at the same time, but altogether there was no unusual or unreasonable amount of sickness."

It has been the history of this, as of all other previous visitations of the disease, that it has selected the most filthy locations for a display of its virulence, locations favorable for the germina-

tion of disease generally, and at the same time affording an unerring guide by which its fatality may be mitigated. While atmospheric influences seem to be the predisposing, telluric or endemic causes seem necessary to call the germs into activity. In fact, it is another illustration of a somewhat disputed fact, that fever districts have been cholera districts.

In the cholera of 1832, I am informed by old practitioners and residents, that it prevailed almost exclusively where intermittents were most rife, and, as it did in Russia, the latter disease seemed to give place or be swallowed up by the former; and, as the cholera disappeared, intermittents again prevailed.

THEODORE R. VARICK, M. D., *Reporter.*

HUNTERDON COUNTY.

Chairman of Standing Committee, &c.:

DEAR SIR:—Our part of the county has been unusually healthy since the last annual meeting, with the exception of a species of catarrh, which I would term a bilious catarrh, which, in many cases, commenced early in the winter. It apparently runs the course of a common catarrh, and, when the sufferer deems himself nearly well, it is again and again renewed, apparently without any cause. In this way many have passed weeks and months without seeking medical advice, and among such there are not a few who bid fair to be successful candidates for phthisis, at some future day.

The treatment with me was, in the first stages, mercurial purgatives, until bile was discharged freely, followed by expectorants, and these by tonics freely administered. If the cough persisted, I found repeated blistering to answer the best purpose, in effectually breaking up the cough; and the recovery was quicker and more perfect than from any other plan of treatment.

We have, as we have had for the last two years, some cases of intermittent fever, and they mostly, where such diseases were never before known to exist, which, I believe, is the forerunner of cholera, and diseases of that tendency.

These, with a good sprinkling of parotitis, which, at this time, prevails among us, is about all that approaches an epidemic character.

Jaundice, for the past two years, has been more frequent than common.

JOHN BLANE.

PERRYVILLE, May 16, 1867.

MONMOUTH COUNTY.

Chairman of Standing Committee, &c.

It gives great pleasure to announce that the medical and hygienic condition of Monmouth county has been favorable the past year, and that we have been nearly free from any epidemic, and, so far as I have been able to learn, that the practice either of medicine or surgery has presented no cases of unusual interest.

The nearest approach to an epidemic in this section has been hooping cough, with a tendency to inflammatory action.

The chief remedy used has been the Bromide of Ammonium. This acts very readily, in mild cases, to shorten the spasmodic cough, but has no control over the complications, while for these the treatment usually adopted for pneumonia has been generally successful.

The diseases incident to the summer season were not so severe as the year or two preceding.

The much dreaded epidemic of cholera did not reach us, although a few scattering cases were seen and heard of, and these

could, in general, be traced to some irregularities in diet or undue exposure.

Diphtheria has scarcely made its appearance, scarlatina having taken its place during the present spring months, though not in a very malignant form. In my own practice there has been more fever cases than the year or two preceding, with a tendency to typhoid symptoms, while I cannot recall a single case of "cerebro spinal meningitis" or "spotted fever."

In fact, the medical topography of our county is so favorable, that we are almost exempt from epidemics or miasmatic diseases.

The status of the profession in this county is commendable. Our annual meetings are well attended, and the past year we had quite an increase in numbers. Death has, however, entered our circle. Dr. D. W. Barclay, of Blue Ball, died in March last of pulmonic disease. He was a man much respected by the profession and his numerous friends.

H. G. COOKE, *Reporter.*

HOLMDELL, N. J., May 14, 1867.

PASSAIC COUNTY.

Chairman of Standing Committee. &c.:

The year 1866 has been characterized in this district by the absence of epidemics.

Intermittents, which have been so prevalent for several years past, were much milder, and existed, as a general rule, only in particular localities, near stagnant water or marshy land. In such places they are liable to modify all our inflammatory and febrile affections.

In order to accommodate the greatly increasing population of this city during the past year, many new streets have been opened and graded, and cellars dug, preparatory to building, thus expos-

ing much new soil to the action of the sun, and offering what heretofore have been considered favorable conditions for the production of malaria. Intermittents have, at the same time, diminished in frequency and violence.

Occasional cases of typhoid fever have occurred, mostly of a mild character. This disease prevailed as an epidemic with us in the summer of 1863, previous to which it was seldom seen. Since that time there has been a greater or less tendency in all our fevers and inflammatory affections to take on a typhoid type.

Scarlatina has been for the most part mild, with the exception of a few cases that have occurred recently of a malignant character, attended with sloughing of the tonsils and uvula. Two of these, that fell under my care, recovered, to my astonishment, after extensive devastation had taken place in the throat, with its accompanying prostration of the vital powers. I am inclined to attribute the favorable termination in these cases to the use of the hyposulphite of soda, given internally and used as a wash to the throat.

Rubeola has been sometimes prevalent, but generally in a mild form.

Diphtheria never has prevailed as an epidemic in this region, although cases occasionally occur, more especially in damp localities, where the atmospheric conditions are favorable. These, however, are generally mild, and attended with slight deposit upon the throat.

We have to treat, during the summer months, the usual quantity of bowel complaints, and during cold weather, the ordinary pulmonary and throat affections.

Bronchitis was particularly prevalent, especially among children, during the early part of the winter, accompanied, in many cases, by congestion or inflammation of the lungs. Asthmatic symptoms were present in some cases, while all were stubborn in yielding to treatment.

The above remarks apply to the district comprised within the

limits of the city of Paterson, together with the townships of Manchester, Aquackanonck and Wayne. The northern portion of our county, consisting of the townships of Pompton and West Milford, not being represented in our Medical Society, I have no means of learning its condition.

Two interesting cases of placental detachment before labor, and two of hepatic abscess, reported by Dr. Van Riper, of this city, are herewith presented.

R. J. WHITELY, *Reporter.*

PATERSON, January 12, 1867.

DR. VAN RIPER'S CASES.—CASE OF HEPATIC ABSCESS, No. 1.

Thomas B——, aged about forty-five years, teamster, of a scrofulous habit, but generally having enjoyed good health, with the exception of the formation of an *anal fistula* a few years ago, which has caused him considerable inconvenience, but has not prevented him from attending to his work. Was called to see him December 29, 1865; found him suffering with febrile excitement, cough and severe lancinating pains in the right side, over the region of the liver and extending upwards. Countenance of a dull, yellowish appearance. Diagnosis, inflamation of liver, pleura, bronchial tubes. Ord. Emplas. Vesic. to have bowels freely moved and an alterative and expectorant mixture. Saw him occasionally for the next two weeks, at the expiration of which he was taken with severe pain in the right thigh, extending from the trochanter downwards, urine highly colored, depositing a decided brick-dust sediment, considerable febrile excitement, &c. The cough, distress in side &c., having subsided. Ordered Sod. et Pot. Tart. and Morph. Continued for several days; no improvement; when he complained of severe throbbing pain over the region of the floating ribs, in the right side. Suspected there might be an abscess forming; examined thoroughly, but could detect nothing. Ordered Potass Iod. and Morph., to relieve distress. He continued thus for a few days, when, on examining him, I detected a slight fullness on the right

side, about three and a-half or four inches from the vertebral column, and on palpation found fluctuation. Ordered cataplasm to side, and to take Ol. Morrhui and Syr. Ferri Iodidi. Continued this until January 29, 1866, when the enlargement becoming prominent, and the fluctuation distinct, I, accompanied by Dr. Blundell, introduced an exploring needle, entering the sac, but obtaining no pus. We concluded to wait a few days before entering it with the bistoury. Ordered Quinine Sulph. with other remedies. On January 31st, found the walls of sac flaccid. He had expectorated about three-fourths of a pint of yellowish pus during the past night. Continued same treatment. The patient remained in pretty much the same condition, expectorating several ounces in a few hours, and then ceasing for several hours at a time, until February 9th, when I found pus oozing through the small opening made by the exploring needle. I then enlarged the opening to a moderate degree; considerable discharging. At noon of same day he was seized with a violent fit of coughing, and expectorated a large quantity of purulent material.

February 10.—General appearance good; pulse 96, soft, compressible, appetite improved. Abscess has discharged a large amount through external opening since yesterday. Introduced director and moderately enlarged the opening.

February 15.—Decided improvement in every respect; has had no expectoration of moment since 9th inst.; still small amount of semi-purulent material oozing from external opening. The discharges ceased entirely, and the sac appeared completely obscured by the last of March; and by the 1st of May he attended to his business as usual.

Case of Hepatic Abscess, No. 2.

Mrs. C——, aged about thirty-nine years, stout, fleshy, and of lymphatic temperament, has had several children; and heretofore always enjoyed good health. I was called to see her September 22, 1866. Was informed that she had been ailing for the past

four weeks, she having been delivered of a healthy child two months ago, and that she had a good convalescence. Symptoms: A decidedly anxious expression of countenance, color of a sallow or yellow cast, a sighing or moaning with each respiration, pulse 120, full and gaseous; bowels constipated, tongue dry and thickly coated; no severe pain, but a great deal of tenderness over the epigastric region, and extending towards the right side. Diagnosis: Hepatitis, with the formation of an abscess, liver decidedly enlarged. Ordered Emp. Vesic, Hydr-C-Creta, Morphia and Quinia, beef tea, &c.

September 23.—Symptoms same. Ordered Ol. Ricini, and continued same.

September 24.—Continued same.

September 25.—No change.

September 27.—Continued same, with milk punch as much as she could take.

September 29.—No change.

October 1.—She has had several chills during the preceding night, accompanied with a number of dysenteric discharges, but no tenesmus.

October 2, 4 P. M.—The dysenteric discharges continued until 2 o'clock this P. M., when she had passed about a pint of greenish purulent material.

October 4.—Countenance more natural, except emaciated, pulse 96, feeble; says she feels well, only weak.

She informed me that about 8 o'clock P. M., on the 2d inst., she vomited about a quart of offensive purulent material, and about one o'clock at night she vomited about as much more; since which she has not passed any amount, either from mouth or rectum. She made a remarkably good and speedy convalescence.

Placental Detachment Before Labor.

Mrs. A——, on coming home from church, in September, 1864, slipped, jarring herself considerably, but not falling, she having

hold of her husband's arm. She thought nothing of it at the time, but on arriving at home she became very faint, so that she had to lie down some time before removing her garments. She rested comfortably during the night, but in the morning was taken in labor, the pains, however, being very slight; they continued to increase during the day, and the child was born between 6 and 7 o'clock in the evening. Child still-born. Immediately afterwards the placenta was expelled, with about a quart of clotted blood.

In November, 1865, I was called to see a lady in labor. When I came in the room the nurse informed me that the lady was passing blood. I immediately examined her, finding no hemorrhage, but several dark colored clots which she had passed. The os being well dilated and dilatable, I ruptured the membranes, and the child was born in about one and a-half hours. Child still-born. In a few moments I delivered the placenta, it being followed by about a pint of dark clotted blood; no hemorrhage. I questioned the lady whether she had had a fall or sudden jar within the last few days. She answered, no, but that her little boy, weighing about thirty pounds, had not been very well the past week, and that she had been in the habit of carrying him up and down stairs, when going to and fro to her meals. She also stated that she had felt no life for the past two days.

The children, in both these cases, were males, fully developed and of large size, weighing 11 and 11½ lbs. The mothers were both short, stout and of lymphatic temperaments.

C. S. VAN RIPER.

SOMERSET COUNTY.

Chairman of Standing Committee, &c.:

In the latter part of Winter and Spring, inflammatory affections,

principally of the respiratory organs, produced by the sudden changes of weather, prevailed as in other years, some cases obstinate and severe, but generally yielding to the usual treatment, or if modified in any respect, it was in their typhoid tendency, not bearing blood-letting and active antiphlogistic remedies well, but requiring stimulants early in the disease.

The excessively warm and dry weather during a part of June and July, was, as is doubtless well remembered, followed by a period very cool and damp. The sudden transition produced a great amount of sickness. In this vicinity, dysentery, cholera morbus, and cholera infantum, all of a very severe character, prevailed to an alarming extent. In many cases, the attacks were so severe that the most prompt and energetic treatment was required to prevent the victims from sinking in a few hours into fatal collapse. Your reporter found nothing so effectual in the dysenteric cases as large doses of opium, and in the others, small doses of opium and calomel, often repeated, were attended with most satisfactory results.

The same atmospheric changes were felt throughout the county, only modified, probably by local circumstances. Dysentery prevailed as an epidemic in several localities not contiguous, mostly in the northern and mountainous portions of the county. In these districts, the most satisfactory results were obtained from the saline treatment, as it is called.

A mild epidemic of diphtheria is reported to have taken place among a settlement of blacks near Somerville, readily yielding to treatment, and I believe the cases throughout the county have been of a more kindly disposition than during former years. And the same may be said of scarlatina, as we have found no specific. We treat them more from the beginning with tonics and stimulants than in former years, and with greater success.

WM. E. MATTISON, *Reporter.*

MILLSTONE, January, 1867.

SUSSEX COUNTY.

Chairman of Standing Committee, &c.:

The diseases of this county for the past year have presented little that calls for special notice, and the same might be written concerning them that has been written year after year. Although the Winter and Spring months were accompanied by the usual severe inflammatory diseases of the lungs, and were marked by the termination of many cases of phthisis, the year, as a whole, has been remarkable for its immunity from sickness, requiring a long continued attendance of the physician. As compared with former years, I believe it is the general experience that malarial disease has been more common than for years before, and this not confined to particular localities, or accounted for by any apparent cause. Intermittent headaches are becoming more common occurrences in the practice of our physicians, and some of the remedies used in intermittent fevers are essential to the cure of most of the cases, though they are not broken up with the same readiness and certainty. Hypodermic injections of morphia afford a valuable relief in these cases, but the necessity of following this up with anti-periodic doses of Fowler's Solution, or other remedies of like character, as well as its periodic occurrence, point to its malarial origin.

Scarlet fever and hooping cough have prevailed throughout the year, and have been characterized by a limited fatality, being mild.

Dr. John Miller, of Andover, has had several interesting cases of diseases of bones. One of them he reports to me as follows:

"W—— S——, a boy seven years old, previously healthy, had periostitis of the inferior third of the left femur, of six or seven weeks duration, when I saw him. The inflammation was extensive, involving the surroundings of the joint. He had been treated by the attending physician for inflammatory rheumatism. Suppuration was diagnosed, and an incision made near the middle and lower third of the thigh. Pus, with globules of oil floating upon its surface, was freely discharged. An examination with a probe

detected caries of the femur. The pain and fever soon subsided, but suppuration and excavation of bone continued during a period of three months, when a slight accident (falling from a low chair in which he was placed) fractured the femur at the seat of disease. The limb was now suspended in Smith's wire splint. The absorption of the femur continued with greater activity in the superior portion, through a period of seven or eight weeks, when a parental change of residence brought him directly under my care. A diarrhœa of three weeks duration, attended with alarming prostration, had reduced him almost to a skeleton. An examination of the thigh at this time, while out of the splint, revealed a loss of continuity in the femur, about four inches in length, extending through the middle third with abrupt terminations, which could be distinctly traced by the fingers through the atrophied muscles. The inferior extremity of the limb could be carried to a right angle with the superior portion without causing pain or uneasiness. It was still kept in the splint, and sufficient counter-extension attained by elevating the foot of his bed. Astringents and tonics soon controlled the diarrhœa, and the destruction of bone was here arrested. Iodureted iodide of potassium in syr. sarsaparilla, together with phosphate of lime, was now administered. Reparative ossification soon commenced, and projecting from each end of the femur into the space, soon supplied the deficiency, and without shortening. The external opening closed, and in a comparatively short space of time the leg was sufficiently strong to admit of use in locomotion. A year and a half have elapsed since the cure was completed; his health is now good, and there is no limping or sign of returning disease."

Dr. Thomas Ryerson, of Newton, reports some cases in confirmation of the recently discovered fact of the antidotal powers of belladonna, in narcotism. He shows that even when deglutition is impossible, atropine may be used in doses of 1-32d to 1-12th of a grain, repeated in very urgent cases, every hour, until the specific signs of its impressing the system begin to appear. He

gives me facts, however, to show that Morbus Brightii will sometimes prevent the success of the remedy. For further information on this subject, he refers to the published reports of Da Costa, of Philadelphia.

JONATHAN HAVENS, *Reporter.*

NEWTON, May 13th, 1867.

WARREN COUNTY.

Chairman of Standing Committee, &c.:

During the year last past, diseases here have presented little in their character or treatment that demands special notice. Fully armed and prepared, as we supposed we must be for the expected invasion of cholera, and a great increase in the number and intensity of affections of the bowels, the Summer and the Fall passed with rather *less* than more of this form of disease, and the Winter found us facing an imaginary foe.

None of the accustomed epidemic diseases of children have prevailed here. Scarlet fever, measles, hooping cough, and diphtheria have *scarcely* been known in our midst, or if known, have been so circumscribed, and in so mild a form, as to occasion no alarm.

Pneumonia was prevalent during the Winter of '66 and Spring of '67, but few of the cases were severe. The instances in which the attack was double, and in which the upper lobes were involved. I think were rare. The type of the disease, as it came under my observation, was asthenic, throwing aside the necessity for the use of the lancet, with others of the list of depleting remedies. The supporting treatment, consisting of tonic remedies, alcoholic stimulants, and a nutritious diet, with opium and veratrum viride in those cases accompanied with undue muscular and nervous excitement, comprised the treatment, and I believe was generally successful—but few cases terminating fatally.

Typho malarial fever, (an essential fever) so common to the

upper portions of our county, has, I learn, during the past year, been much modified, both in its intensity and the frequency of its attacks. The form of disease has been fully and well described by Dr. Johnson, of Blairstown, in a former report to the Standing Committee, and should my information be correct as to its gradual disappearance, our county will, we hope, soon be rid of a disease supposed to be epidemic to the locality mentioned.

Our County Society, I am sorry to say, exists but feebly. The organization is still kept up, and we hope to induce ere long some of the very good material we have, to join us in our work.

No violation of the code of medical ethics has come to my knowledge, and the profession seem to get along together harmoniously.

SAMUEL S. CLARK, *Reporter.*

MERCER COUNTY.

No Report.

MIDDLESEX COUNTY.

No Report.

List of Members of District Societies.

REPORTED AT THE ANNUAL MEETING, 1867.

BURLINGTON COUNTY.

Benj. H. Stratton,	*Mount Holly.*	Samuel C. Thornton,	*Moorestown.*
Zachariah Read,	"	George Haines,	*Medford.*
Andrew E. Budd,	"	Alex. Elwell,	*Vincentown.*
Henry M. Longstreet,	*Bordentown.*	Ellis P. Townsend,	*Beverly.*
James D. Young,	"	Wm. L. Martin,	*Rancocas.*
Lewis P. Jamison,	"	Theodore T. Price,	*Tuckerton.*
J. Howard Pugh,	*Burlington.*	George Goodell,	*Plattsburg.*
Franklin Gauntt,	"	Richard H. Page,	*Columbus.*
Isaac P. Coleman,	*Pemberton.*	Abner Woodward,	*Shelltown.*
Aaron Reid,	"	John W. Webb,	*Wrightstown.*

E. B. TOWNSEND, Beverly, *Secretary.*

CAMDEN COUNTY.

Isaac S. Mulford,	*Camden.*	H. Genet Taylor,	*Camden.*
Othniel H. Taylor,	"	H. E. Brannin,	*Blackwoodtown.*
A. D. Woodruff,	*Haddonfield.*	J. Gilbert Young,	*Haddonfield.*
Richard M. Cooper,	*Camden.*	John R. Stevenson,	*Camden.*
John V. Schenck,	"	Alex. Marcy,	"
Thomas F. Cullen,	"	Jonathan J. Comfort,	*Haddonfield.*
John W. Snowden,	*Waterford.*	J. M. Ridge,	*Camden.*
N. B. Jennings,	*Haddonfield.*		

CUMBERLAND COUNTY.

Wm. S. Bowen,	*Bridgeton.*	Robert M. Bateman,	*Cedarville.*
William Elmer,	"	Geo. Tomlinson,	*Roadstown.*
J. Barron Potter,	"	Enoch Fithian,	*Greenwich.*
Joseph Sheppard,	"	Thos. E. Stathems,	"
Robert W. Elmer,	"	Samuel G. Cattell,	*Deerfield.*
Wm. Elmer, Jr.,	"	Chas. C. Phillips,	"
B. Rush Bateman,	*Cedarville.*	Thos. H. Tomlinson,	*Shiloh.*
Eli E. Bateman,	"	Stetson L. Bacon,	*Newport.*
Ephraim Bateman,	"	Geo. E. Butcher,	*Dividing Creek.*

WM. ELMER, Bridgeton, *Secretary.*

ESSEX COUNTY.

S. E. Arms,	*Elizabeth.*	Wm. O'Gorman,	*Newark.*
M. Baldwin,	*Newark.*	E. A. Osborne,	"
F. N. Bennett,	*Orange.*	J. D. Osborne,	"
—— Brain,	*Irvington.*	S. H. Pennington,	"
J. D. Brumley,	*Newark.*	Stephen Personett,	*Verona.*
J. S. Crane,	*Elizabeth.*	Wm. Pierson,	*Orange.*
J. Henry Clark,	*Newark.*	Wm. Pierson, Jr.,	"
Abraham Coles,	"	D. M. Skinner,	*Belleville.*
J. A. Corwin,	"	E. D. G. Smith,	*Newark.*
J. A. Cross,	"	D. S. Smith,	*Irvington.*
B. L. Dodd,	"	D. W. Smith,	*Newark.*
A. N. Dougherty,	"	—— Stickney,	"
Jas. Elliott,	"	Wm. Taylor,	"
C. Eyrich,	"	H. H. Tichenor,	"
G. Grant,	"	A. Ward,	"
Eugene Jobs,	*Springfield.*	J. F. Ward,	"
D. C. Hickey,	*Newark.*	Robt. Westcott,	*Elizabeth.*
Edgar Holden,	"	Ed. T. Whittingham,	*Millburn.*
Max Kuechler,	"	Stephen Wickes,	*Orange.*
C. F. Lehlbach,	"	A. W. Woodhull,	*Newark.*
J. H. H. Love,	*Montclair.*	Lott Southard,	"
A. M. Mills,	*Newark.*	Wm. H. Wells,	"
E. P. Nichols,	"	C. M. Zeh,	"
I. A. Nichols,	"	L. M. Crane,	*Orange.*
L. W. Oakley,	*Elizabeth.*		

EDGAR HOLDEN, Newark, *Secretary.*

GLOUCESTER COUNTY.

Joseph Fithian,	*Woodbury.*	—— Herman,	
John R. Sickler,	*Carpenter's Landing.*	—— Glandon,	
Charles Garrison,	*Swedesboro.*	—— Tiernan,	
Luther F. Halsey,	"	—— Clark,	
E. L. Reeves,	*Paulsboro.*	Jas. C. Weatherby,	*Clarksboro.*

HUDSON COUNTY.

J. M. Cornelison,	*Jersey City.*	F. E. Noble,	*Hudson City.*
T. R. Varick,	"	Jos. F. Finn,	*Greenwich.*
J. E. Culver,	*Hudson City.*	Jas. Craig,	*Jersey City.*
A. A. Sutkins,	*Jersey City.*	Jas. Wilkinson,	*Bergen.*
J. H. Vondy,	"	B. A. Watson,	*Jersey City.*
Chas. Taggart,		J. T. Field,	*Saltersville.*
R. F. Chabert,	*Hoboken.*	J. B. Burdett,	*Hudson City.*
E. W. Buck,		G. W. Talson,	*West Hoboken.*
S. R. Forman,	*Bergen.*	J. H. Comfort,	
T. F. Morris,	*Jersey City.*	M. A. Miller,	
E. P. Buffett,	*Bergen.*	G. W. Edwards,	
F. G. Payne,	*Bergen Point.*	J. H. McDowell,	*Jersey City.*
J. W. Hunt,	*Jersey City.*	D. Benson.	

MERCER COUNTY.

J. H. Phillips,	*Remington.*	H. S. Desanger,	*Trenton.*
J. B. Coleman,	*Trenton.*	R. R. Rogers,	"
J. L. Taylor,	"	C. Shepherd,	"
John Woolverton,	"	D. P. Vail,	"
W. W. L. Phillips,	"	D. Warman,	"
E. J. Grant,	"	L. Leavitt,	"
T. J. Corson,	"	J. L. Bodine,	*Princeton.*
C. Skelton,	"	J B. James,	*Trenton.*
C. Hodge,	"	P. McCaffry,	"
O. H. Bartine,	*Princeton.*		

J. B. JAMES, Trenton, *Secretary.*

MIDDLESEX COUNTY.

E. B. Freeman,	*Woodbridge.*	John J. DeMotte,	*New Brunswick*
Samuel E. Freeman,	"	Ambrose Treganowan,	*South Amboy.*
A. D. Newell,	*New Brunswick.*	George W. Stout,	"
Clifford Morrogh,	"	C. E. Woodward,	
Chas. H. Voorhees,	"	C. M. Slack,	*Dayton.*
Augustus F. Taylor,	"	A. S. Titsworth,	*New Market.*
Charles Dunham, Jr.,	"	John C. Thompson,	*Washington.*
H. R. Baldwin,	"	E. M. Hunt,	*Metuchen.*
N. Kaemmerer,	"	C. McK. Smith,	*Perth Amboy.*
J. W. Meeker,	"	R. J. Brumagen,	*Spottswood.*
David Stephens,	"	Dr. Willis,	*Perth Amboy.*

J. W. MEEKER, New Brunswick, *Secretary.*

MONMOUTH COUNTY.

John J. Woodhull,	*Freehold.*	J. J. Thomason,	*Perrineville.*
Jeremiah S. English,	*Manalapan.*	James B. Goodenough,	*Blue Ball.*
Robert W. Cooke,	*Holmdel.*	A. A. Howell,	*Allentown.*
Arthur V. Conover,	*Freehold.*	S. M. Disbrow,	*Squankum.*
Edward Taylor,	*Middletown.*	William D. Newell,	
Alfred B. Dayton,	*Matawan.*	Henry B. Cooke,	
William A. Newell,	*Allentown.*	A. A. Higgins,	
John Voght,	*Freehold.*	John Cook,	
Robert Laird,	*Squan Village.*	Charles E. Hall,	
John R. Conover,	*Freehold.*	Charles Deshler,	
Robert R. Conover,	*Red Bank.*	Isaac L. Long.	
J. E. Arrowsmith,	*Keyport.*		

JOHN VOGHT, Freehold, *Secretary.*

PASSAIC COUNTY.

Alexander W. Rogers,	*Paterson.*	William Blundell,	*Paterson.*
Ridley Kent,	"	Cornelius S. Van Riper,	"
Lemuel Burr,	"	S. R. Merrill,	"
Jetur R. Riggs,	"	G. W. Terriberry,	"
John Quin,	"	H. C. Van Giesen,	"
Michael Moss,	"	Thomas B. Dawber,	"
Robert J. Whitely,	"	G. Terhune,	*Passaic.*

Orson Barnes,	"	R. A. Terhune,	"
Henry Van Blarcom,	"	Cornelius Van Riper,	"
Oswald Warner,	"	Albert R. Randall,	"

C. S. VAN RIPER, Paterson, *Secretary.*

SOMERSET COUNTY.

John W. Craig,	*Plainfield.*	J. F. Berg,	*North Branch.*
Robert S. Smith,	*Bound Brook.*	John V. Robbins,	*South Branch.*
Henry H. VanDerveer,	*Somerville.*	Robert H. Morey,	*Bound Brook.*
Samuel K. Martin,	*Martinville.*	P. T. Sutphen,	*Peapack.*
H. F. VanDerveer,	*Somerville.*	William E. Mattison,	*Millstone.*
P. D. McKissack,	*Millstone.*	Joseph S. Sutphen,	*Pluckamin.*
L. H. Mosher,	*Griggstown.*	John C. Sutphen,	*Plainfield.*
James G. Maynard,	*Six Mile Run.*	James S. Knox,	*Somerville.*
William B. Ribble,	*Millstone.*	James D. VanDerveer,	*Liberty Corner.*
H. G. Wagoner,	*Somerville.*	Jesse S. B. Ribble,	*Harlingen.*

H. H. VANDERVEER, Somerville, *Secretary.*

SUSSEX COUNTY.

John R. Stuart,	*Newton.*	John Linn Allen,	*Lafayette.*
David M. Sayre,	"	John Miller,	*Andover.*
Thomas Ryerson,	"	William H. Linn,	*Hamburg.*
Franklin Smith,	"	William J. Roe,	*Branchville.*
Charles R. Nelden,	"	Joseph Hedges,	"
Jonathan Havens,	"	R. G. Maines,	*Tranquility.*
John Titsworth,	*Deckertown.*	Eugene Schumo,	*Laytons.*
Alexander Linn,	"	P. N. Jacobus,	*Flatbrookville*
Thomas Roe,	*Bevans P. O.*	A. P. Farries,	*Bemerville.*
Charles V. Moore,	*Stillwater.*		

EUGENE SCHUMO, Laytons, *Secretary.*

The District Medical Societies, in reporting the names of Members, are requested to state their residence, also the address of the President and Secretary, and the time of their stated meetings.

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